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Army Regulation 600–8–1

Personal Affairs

Army Casualty Operations/ Assistance/ Insurance

Headquarters
Department of the Army
Washington, DC
20 October 1994

UNCLASSIFIED

SUMMARY of CHANGE

AR 600-8-1
Army Casualty Operations/Assistance/Insurance

The printing of this UPDATE--

- Establishes a new separate regulation for casualty operations that will cover casualty reporting, notification, assistance and documentation.
- Supersedes AR 608-2, 15 Sep 89, (Government Life Insurance, Servicemen's Group Life Insurance, Veterans' Group Life Insurance, United States Government Life Insurance, National Service Life Insurance).
- Supersedes DA Pamphlet 608-33, 17 Nov 87, (Casualty Assistance Handbook).
- Establishes command responsibilities for casualty operations (chap 1).
- Describes the policies, principles of support and standards of service for casualty operations.
- Provides HQDA directed operational tasks for field execution (chap 2).
- Consolidates in the glossary current abbreviations and special terms related to casualty operations.

Headquarters
Department of the Army
Washington, DC
20 October 1994

*Army Regulation 600–8–1

Effective 20 November 1994

Personal Affairs

Army Casualty Operations/Assistance/Insurance

By Order of the Secretary of the Army:

GORDON R. SULLIVAN
General, United States Army
Chief of Staff

Official:

MILTON H. HAMILTON
Administrative Assistant to the Secretary of the Army

History. This edition publishes a revision of this regulation. Because the publication has been extensively revised, the changed portions have not been highlighted.

Summary. This consolidated regulation prescribes policies and mandated tasks governing U.S. Army casualty operations to include casualty reporting, casualty notification and casualty assistance. It provides policy guidance and information to soldiers who have been designated to perform the duties of a casualty notifier or as a casualty assistance officer. This regulation also provides policies and information pertaining to casualty related documentation, specifically the DD Form 93 (Record of Emergency Data), Servicemen's Group Life Insurance, and other life insurance programs administered by the Department of Veterans Affairs.

Applicability. This regulation remains in effect during full mobilization and applies to—

a. All Army members on Active Duty. This category includes Reserve members in an Active Guard/Reserve status.

b. U.S. Army Reserve soldiers who die while en route to or from or while participating in authorized training.

c. Army National Guard soldiers who die while en route to or from or while participating in authorized training.

d. Cadets and students enrolled in the Reserve Officers Training Corps performing authorized training or travel (5 USC 8140 or 10 USC 2110).

e. United States Military Academy cadets.

f. Soldiers in an absent without leave or deserter status.

g. Members of other U.S. Armed Forces (para 2–7).

h. Retired general officers of the Army.

i. Retired soldiers who held the office of Sergeant Major of the Army.

j. Retired, separated, or discharged soldiers who die within 120 days of separation from the Army. This category includes soldiers on the Temporary Disability Retired List. Soldiers who die with 100 percent disability are reportable up to 1 year.

k. All other retirees, including those covered under 10 USC 1331.

l. Department of the Army civilian employees paid from appropriated funds who die during travel status or temporary duty within the 50 States and the District of Columbia.

m. Department of the Army employees paid from appropriated funds assigned, deployed, or on temporary duty outside the 50 States and the District of Columbia.

n. Dependents of Department of the Army civilian employees paid from appropriated funds while residing with the employee stationed outside the continental United States or while in-transit to or from the continental United States.

o. Soldiers who die while en route to or from or at a place for final acceptance for entry on AD with the Army.

p. Other U.S. civilians who become a casualty outside the continental United States and are—

(1) Nonappropriated fund employees of the Department of the Army.

(2) Contract field technicians.

(3) Visiting dignitaries.

(4) Representatives of Department of the Army sponsored organizations (such as the American Red Cross, the United Services Organization, and banking facilities).

(5) Citizens for whom local State Department officials have requested the overseas command to assume casualty reporting responsibilities.

(6) Contract representatives of the Department of Veterans Affairs and the Department of Labor.

q. Family members located with their sponsor overseas and family members who die the in continental United States when the sponsor (*a* above) is overseas. A next of kin who is not a dependent but dies while visiting a sponsor overseas may be reported upon request of the sponsor. This category includes family members who die outside continental United States while their sponsor is in another overseas location.

r. Allied government personnel who die in the continental United States.

s. Foreign military trainees who die in the continental United States.

t. Dependents of retired soldiers who die in a medical treatment facility within the continental United States.

Proponent and exception authority. The proponent of this regulation is the Deputy Chief of Staff for Personnel (DCSPER). The proponent has the authority to approve exceptions to this regulation that are consistent with controlling law and regulation. The proponent may delegate this approval authority in writing to the Commander, U.S. Total Army Personnel Command, or to a division chief within the proponent agency in the grade of colonel or the civilian equivalent.

Army management control process. Army management control process. Following a review of guidance in AR 11–2, it is determined that this regulation does not contain management control provisions.

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from Commander, U.S. Total Army Personnel Command, (TAPC–PEC), Alexandria, VA 22331–0481.

Interim changes. Interim changes to this regulation are not official unless they are authenticated by the Administrative Assistant to the Secretary of the Army. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended changes to Publications and Blank Forms) directly to Commander, U.S. Total Army Personnel Command (TAPC–PEC), Alexandria, VA 22331–0481.

Distribution. Distribution of this publication is made in accordance with the requirements on DA Form 12–09–E, block number 2205, intended for command levels A, B, C, D, and E for Active Army, Army National Guard, and U.S. Army Reserve.

*This regulation supersedes AR 600–8–1, 18 September 1986; AR 608–2, 15 September 1989; and DA Pamphlet 608–33, 17 November 1987.

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Chapter 1
Introduction

Section I
Overview

1–1. Purpose

This regulation prescribes the policies and mandated operating tasks, responsibilities and procedures for casualty operations functions of the military personnel system. The casualty operations functions include casualty reporting, casualty notification and casualty assistance. An additional chapter has been included to incorporate "casualty documentation" which includes, Servicemen's Group Life Insurance (SGLI), to ensure an operational, one source document, to support U.S. Army casualty operations.

1–2. References

Required and related publications and prescribed and referenced forms are listed in appendix A.

1–3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

Section II
Responsibilities

1–4. The Deputy Chief of Staff for Personnel

a. The Deputy Chief of Staff for Personnel (DCSPER) will establish personnel policies relating to Army Casualty Operations.

b. The DCSPER is the Army Staff proponent for the SGLI and VGLI programs.

1–5. The Chief, National Guard Bureau

The Chief, National Guard Bureau (CNGB) will—

a. Establish policies and procedures within the National Guard to support the active Army casualty operations program based on this regulatory authority for all casualties regardless of component (Regular Army, Army National Guard, Army Reserve).

b. Establish procedures within the Army National Guard to implement the Army casualty operations program for National Guard soldiers who die while not in an active duty status. Procedures will include—

(1) Properly dispose of the soldier's personnel records according to AR 600–8–104.

(2) Issue or have issued at State level the DD Form 1300 (Report of Casualty) for all deceased Guardsmen except those identified in paragraph 2–1*b*.

(3) Establish policies and procedures to ensure soldiers are informed of their SGLI benefits.

(4) Establish procedures to ensure SGLI premiums are paid according to paragraph 11–24.

(5) Certify the soldier's eligibility in the Servicemen's Group Life Insurance (SGLI) program to the Office of Servicemen's Group Life Insurance (OSGLI) 213 Washington Street, Newark, NJ 07102.

1–6. The Chief, Army Reserve

The Chief, Army Reserve (CAR) will—

a. Establish policies and procedures within the Army Reserve to support the active Army casualty operations program based on this regulatory authority for all casualties regardless of component (Regular Army, Army National Guard, Army Reserve).

b. Implement the active Army casualty operations program within the Army Reserve to support soldiers who die while not in an active duty status to–

(1) Properly dispose of the soldier's personnel records according to AR 600–8–104.

(2) Issue or have issued by the CDR, Army Reserve and Personnel Center (ARPERCEN) the DD Form 1300 for all deceased USAR soldiers except those identified in paragraph 2–1*c*. Additionally, the CDR, ARPERCEN will issue this form for all retired members, except those who die within 120 days of retirement and those identified in paragraph 2–1*i* and *j*.

(3) Establish policies and procedures to ensure soldiers are informed of their SGLI benefits.

(4) Establish procedures to ensure SGLI premiums are paid according to paragraph 11–24.

(5) Certify soldiers eligibility for SGLI to the OSGLI, 213 Washington Street, Newark, NJ 07102.

1–7. Department of Veteran's Affairs

The Department Veteran's Affairs (VA) supervises all insurance programs listed in this regulation.

1–8. Office of Servicemen's Group Life Insurance

The Director, Office of Servicemen's Group Life Insurance (OSGLI), is responsible for payment of proceeds derived from SGLI and VGLI.

1–9. U.S. Total Army Personnel Command

The CDR, U.S. Total Army Personnel Command (PERSCOM) will establish standards and mandatory operating tasks for Army casualty operations. Specifically the CDR, PERSCOM will—

a. Publish policies and procedures and establish standards for the Army casualty operations program (peacetime and wartime).

b. Ensure that casualty reporting is accurate and timely.

c. Ensure that casualty notification is accomplished without delay.

d. Administer the Army casualty assistance program.

e. Maintain historical casualty data.

f. Designate casualty area commands (CAC) by geographical location.

g. Provide technical support and guidance to the casualty area commands worldwide.

h. Issue a DD Form 1300 on those categories of casualties identified in paragraph 2–1*a* through *n* except paragraph 2–1*l*.

i. Posthumously promote soldiers who were officially recommended for promotion according to applicable promotion regulations but were unable to accept the promotion because of death in the line of duty. A DA Form 3168 (Posthumous Certificate of Promotion) will be issued.

j. Issue DA Form 1563 (Certificate of Honorable Service) to all active duty (AD) soldiers whose death was in the line of duty.

k. Publish policies, procedures and all amendments to VA laws governing SGLI/VGLI in a timely manner.

l. Certify soldiers' eligibility for SGLI to the OSGLI, 213 Washington Street, Newark, NJ 07102.

m. Report AD Army casualties to Washington Headquarters Services.

n. Prepare letters of condolence for Secretary of Army and Chief of Staff signature for all training/military related deaths.

o. Dispatch as necessary, written confirmation to the primary and secondary next of kin of soldiers who are reported as deceased or missing.

p. Forward certified copies of DD Form 1300 to the Internal Revenue Service (IRS) for all casualties whose death occurred as a result of hostile activities.

1–10. Commanders of all major Army commands and major subordinate commands

a. Commanders of Major Army commands (MACOMs) and Major Subordinate Commands (MSCs) will monitor and assist in the administration of the Army casualty operations program to ensure compliance with policies and mandatory tasks established by this regulation. Ensure that subordinate commanders train basic casualty reporting procedures and standards down to the individual soldier.

b. Commanders directing the deployment of a task force from whose area AD Army soldiers are deployed will ensure the task force commander has trained personnel to perform the casualty reporting functions.

1–11. The Commandant, Adjutant General School

The Commandant, Adjutant General (AG) School will—

a. Appoint casualty operations subject matter expert and doctrinal proponent.

b. Publish doctrinal literature for Army casualty reporting.

c. Serve as the branch proponent for the casualty operations program.

d. Write doctrine, establish and conduct personnel training to support casualty reporting.

1–12. Commanders of installations, communities, and mobilization stations

a. Commanders of installations, communities, and mobilization stations will establish, resource, and operate a casualty operations program which accomplishes the requirements established by this regulation.

b. Commanders will establish procedures to ensure soldiers understand the purpose of the SGLI program and the need for maintaining a current certificate. Soldiers must be provided the opportunity to apply for SGLI. The records custodian will ensure that insurance election forms and certificates are prepared per chapter 11.

c. Only those installations or commands identified in appendix B of this regulation will be authorized to implement and operate the casualty operations program (casualty reporting, notification, assistance). For the purposes of this regulation, these installations or commands will be called casualty area commands (CAC). As required, the CDR, PERSCOM will designate other installations or commands upon mobilization, activation or deactivation of installations.

d. Casualty area commands identified in appendix B will—

(1) Report casualties without delay.

(2) Prepare and submit casualty reports in prescribed format.

(3) Notify next of kin (NOK) of the casualty.

(4) Furnish casualty assistance.

(5) Keep MACOMs informed of casualty information.

(6) Maintain liaison with local Veterans Affairs (VA) hospitals regarding benefits of active duty service.

(7) In fulfilling their responsibilities in casualty related matters, CACs are authorized to task other commands within their geographical area of jurisdiction to provide support to include casualty notifiers, casualty assistance officers (CAOs), special escorts, and funeral support.

(8) Assist task force commanders in all aspects of casualty reporting during a civil disturbance.

(9) Develop and maintain a mass casualty OPLAN which identifies responsibilities in the event of a mass casualty situation within the CAC area of responsibility.

(10) Ensure the establishment and operation of the installation/community casualty working group as specified in this regulation.

(11) Establish procedures to designate, on an equitable basis within their geographic area of responsibility, individuals to perform casualty notification and casualty assistance duties in death and missing cases.

(12) Establish procedures to issue invitational travel orders (ITOs) to the next of kin of soldiers in accordance with the guidelines of this regulation.

(13) Prepare and stock adequate numbers of casualty assistance kits as specified in this regulation.

(14) Identify and train from local command resources, soldiers and DA civilians who may be utilized as augmentee casualty clerks during a mass casualty incident.

(15) Confirm personal notification to the primary and secondary next of kin who are reported as deceased or missing in accordance with para 4–5 of this regulation.

(16) Develop procedures to ensure that responsible commanders prepare and dispatch letters of sympathy or concern, as appropriate according to the guidelines specified in this regulation.

(17) Appoint or ensure appointment as necessary a board of inquiry or inquest to investigate the facts and circumstances surrounding a soldier's death or missing status that appears questionable (e.g. unattended deaths).

(18) Establish memorandum of agreement (MOA) with military medical treatment facilities to provide a casualty liaison team (CLT) to facilitate the administration and identification of casualties during a major or mass casualty incident. If the casualty liaison team has been included in the installations mass casualty plan, the MOA need not be established.

(19) Compile, record, and develop statistical and individual case data on all casualties supported by the CAC. The recorded data will be kept readily available for reporting when requested by CDR, PERSCOM (TAPC–PEC).

e. Assist task force commanders in establishing a casualty reporting unit as an integral organizational element of the task force. The duties of this element will be—

(1) Instituting effective procedures to ensure that the casualty information flows quickly from elements of the task force to the task force casualty reporting unit.

(2) Establishing immediate communication for casualty reporting purposes. This communication will be established with the commander in whose area the task force is deployed, the commander from whose area Active Army personnel are deployed, and the home unit commander of the National Guard and Reserve soldier. Home unit commanders will be notified by the task force commanders telephonically.

Section III
Casualty Operations Program

1–13. Overview

The casualty operations program is an administrative function which ensures that all casualties are accountable, reported, and documented. This function is accomplished by the CACs located worldwide, which are under the technical supervision of the Casualty Operations Center (COC) of the Casualty and Memorial Affairs Operations Center (CMAOC), PERSCOM. The major functions of the casualty operations program are described briefly as follows—

a. Casualty reporting. Casualty reporting is the source of information provided to the NOK concerning a casualty incident. It is of the utmost importance that information provided be accurate and timely.

b. Casualty notification. Casualty notification to the next of kin of an individual who has been reported as a casualty will be accomplished in a timely, professional, dignified and understanding manner. Notification is accomplished in different ways depending upon the type of casualty and circumstances surrounding the incident. Specific duties of a person designated as a casualty notifier can be found in this regulation. Notification in death and missing cases is always accomplished in person, by a uniformed service representative; however, if there is a chance that the next of kin may learn of the casualty by other than official sources, notification will be made by the quickest means, normally the telephone, but only upon approval by CDR, PERSCOM. In other than death and missing cases, notification is normally accomplished telephonically.

c. Casualty assistance. Casualty assistance is always provided in death and missing cases to the primary next of kin (PNOK). The main objectives of casualty assistance are—

(1) Assist the PNOK during the period immediately following a casualty.

(2) Eliminate delay in settling claims and paying survivor benefits to the NOK.

(3) Assist the PNOK in other personnel-related affairs.

d. Casualty assistance varies greatly from case to case, therefore, there are no time limits on providing assistance, other than the person assigned casualty assistance duties will remain in contact with the PNOK until all benefits and entitlements are applied for and received. DA Form 2204–R (Casualty Assistance Report), found at the back of this publication will be used to document assistance.

1–14. Principles of support

a. The Army will operate a casualty reporting system in peacetime or wartime to ensure that all individuals who become casualties are

reported in an expeditious manner through a CAC to the CDR, PERSCOM.

b. The PERSCOM, Casualty Operations Center (COC) will be manned 24 hours a day, 7 days a week. COC will manage the flow of all casualty information.

c. The Army will, through the casualty network, develop procedures to ensure timely notification to the next of kin.

d. The Army will, through the casualty network, provide casualty assistance to the PNOK of all individuals who are reported as deceased and missing.

1–15. Standards of service

a. CACs are resourced from available table of organization and equipment (TOE) and table of distribution and allowances (TDA) authorizations as appropriate to complete the mission.

b. Every casualty will be expeditiously recorded, reported, and accounted for in peacetime and wartime.

c. Soldiers will keep their DD Form 93 (Record of Emergency Data) and VA Form SGLV–8286 (Servicemen's Group Life Insurance Election and Certificate) up to date at all times.

d. Casualty area commands will have a 24 hour a day casualty operations capability.

e. In the event of death or missing status, the individual's primary next of kin (PNOK) and secondary next of kin (SNOK) will be notified in person by a uniformed service representative, and a casualty assistance officer will be designated for the PNOK.

f. Casualty notification will include information concerning the date and circumstances under which the casualty occurred.

g. The soldier's primary next of kin will be notified telephonically in the event of illness or injury classified as serious or very serious by medical authorities. Notification will be made by the PERSCOM Casualty Operations Center in those cases where the soldier is hospitalized in an area that is located overseas from the PNOK, otherwise notification will be accomplished by the attending physician.

h. Casualty information will be passed from every level to the responsible CAC where it will be continually reconciled and consolidated and passed to the CDR, PERSCOM Casualty Operations Center.

i. Wartime reporting standards–

(1) Units will report all casualties found on the battlefield (i.e., American civilians, personnel of other services and allied forces, and soldiers from other units).

(2) Units will record casualties on a DA Form 1155 (Witness Statement on Individual) and DA Form 1156 (Casualty Feeder Report) and submit them to battalion level without delay or as the battlefield situation permits.

(3) Battalions will forward all DA Form 1155/1156 to the Personnel Service Battalion (PSB) without delay or as the battlefield situation permits.

(4) The PSB will upon receipt of a DA Form 1155/1156, obtain other personnel data and submit all casualty information to the Corps/TAACOM AG without delay or as the battlefield permits.

(5) The Corps/TAACOM AG will forward the casualty information to the Theater CAC immediately.

(6) The theater CAC will verify information received from a PSB/Corps/TAACOM AG or from any other automated personnel data base, and prepare and dispatch, casualty reports to the PERSCOM, Casualty Operations Center within 24 hours from the time of incident. The cause and circumstances reported on the DA Form 1155/1156 will be used in item #39 (Circumstances) of the initial casualty report message. Personnel generating the casualty report may only edit the DA Form 1155/1156 for spelling/grammar errors. The content WILL NOT be changed. History has shown that if everyone edits the DA Form 1155/1156, by the time it gets to the Casualty Operations Center, the report is more rumor than fact.

(7) Casualty liaison teams will be stationed at all MASH units and above, air staging facilities and central collection points. Personnel Group Commanders will task PSB commanders to resource these teams from organic personnel.

(8) Casualty Feeder/Witness Reports will terminate in the PSB for soldiers returned to duty at battalion-level.

(9) Casualty Feeder/Witness Reports may be submitted to any PSB on the battlefield, irrespective of where the personnel records/files are located.

(10) Missing casualty information will be the norm on the battlefield. Information will be added as it becomes available at the various processing levels. As a minimum, the following eleven line items should be reported on the initial casualty report (see chap 3)—

(a) Item 1 – (Casualty report type)
(b) Item 2 – (Type of casualty)
(c) Item 3 – (Casualty status)
(d) Item 7 – (Category of individual)
(e) Item 8 – (Social security number)
(f) Item 9 – (Name)
(g) Item 12 – (Rank)
(h) Item 14 – (Unit of assignment)
(i) Item 36 – (Date/time of incident)
(j) Item 39 – (Circumstances)
(k) Item 40 – (Inflicting force)

(11) Casualty information will flow up, across, and down the reporting chain to help account for soldiers who are initially reported outside their normal reporting channels (e.g., soldiers in a task force).

(12) Missing in action and medically evacuated cases will be continually reconciled against information sources at all levels until a final determination can be made.

j. Wartime notification and assistance standards. Wartime notification and assistance standards will be the same as peacetime until such time as the number of casualties exceeds the one-on-one notification and assistance capabilities of the CAC or until modified by CDR, PERSCOM.

Section IV
Policies

1–16. Overview

The Army casualty operations program is directed by HQDA Staff and field operating agencies either as policy, functional, or branch proponents. This regulation provides a source operating document to the field, and as such, is binding on all communities involved in Army casualty operations. All persons providing information to the casualty system should be fully aware that all documentation, reports, board findings or investigative reports are likely to be requested under the Freedom of Information Act. All materials pertaining to a casualty should be well documented and properly filed/stored per AR 25–400–2, for immediate retrieval upon request.

1–17. Casualty reporting policy

a. Department of the Army policy concerning casualty reporting requires that casualty reporting occur in a timely and accurate manner as it serves as the basis of providing casualty information concerning the incident to the NOK.

b. CAC's will ensure that procedures are in place to —

(1) Maintain an organizational capability to provide for individual casualty reporting and recording.

(2) Establish internal controls to ensure the accuracy of casualty information.

(3) Certify the validity of casualty information.

(4) Ensure that required casualty information is provided within the time constraints prescribed in this regulation.

c. To comply with the casualty reporting policies described above, procedures outlined in this regulation will be strictly adhered to.

1–18. Casualty notification policy

a. Department of the Army policy concerning casualty notification is that notification will be affected to the PNOK and SNOK as promptly as possible and in a timely, professional, dignified and understanding manner. In death and missing cases, notification will be made—

(1) In person by a uniformed service representative and confirmed by written communication. Uniform will always be Class A unless otherwise directed by CDR, PERSCOM.

(2) Only officers, warrant officers and senior noncommissioned officers in grades sergeant first class through command sergeant major will perform these duties. The only exclusions from notification duties are those soldiers identified in paragraph 4–7*d*.

(3) Normally between the hours of 0600–2200 hours. Notifications outside these hours can only be authorized by CDR, PERSCOM.

b. In order to comply with the casualty notification policies described above, procedures outlined in this regulation will be strictly followed.

1–19. Casualty assistance policy

a. Department of the Army (DA) policy concerning casualty assistance is that the PNOK of all individuals described in paragraph 2–1*a* through *l* and all DA civilians assigned, deployed or on temporary duty (TDY) outside the 50 States and the District of Columbia will be appointed a Casualty Assistance Officer (CAO) when the individual is reported as deceased or missing. While casualty assistance is provided to the PNOK, advice and guidance may be provided to other NOK if warranted by the situation, but a CAO need not be appointed.

b. CAOs will be appointed from assigned personnel by the CAC having responsibility for the geographic area in which the PNOK resides. CAOs will be knowledgeable, competent, dependable, sympathetic and if possible, be able to speak the same language as the PNOK. If possible, individuals selected should approximate the following qualifications:

(1) Be mature soldiers with six or more years of service.

(2) Officers should be in the grade of captain or higher and NCOs should be in the grade of sergeant first class or higher.

(3) Be of similar military or professional background as the deceased, especially when death is mission or training related.

(4) Possess a neat, military appearance and bearing.

(5) Commanders will ensure that soldiers appointed duties as Casualty Assistance Officers (CAO) are released from conflicting duties and or requirements in order that all possible meaningful assistance is rendered to the next of kin. CAO duties will take precedence over peacetime military duties to include TDY, duty roster and detail assignments, ordinary leave and pass, and field exercise requirements.

(6) Civilian personnel or retirees will not be used as CAOs for Army personnel.

(7) Casualty assistance personnel assigned by a civilian personal office (CPO) to provide assistance to the PNOK of civilian casualties will abide by the same general guidelines.

c. Soldiers utilized in the casualty notification system (para 4–7) may also be utilized as the CAO except those specifically listed in paragraph 4–7*d*(2) through (4).

d. Upon death of an active or retired 4-star general officer, an active duty general officer will be appointed as the CAO. Exceptions to this policy may be granted only when it is clearly not feasible to appoint an active duty general officer.

e. Assistance rendered by CAOs will be as required by this regulation, and the situation.

Section V
Record of Emergency Data/Insurance

1–20. Overview

The casualty operations program is dependent upon accurate and up-to-date information contained on the DD Form 93 and SGLV–8286. These forms provide the command the notification or disposition desires of the individual as well as beneficiary information.

Section VI
Manpower

1–21. Manpower resources

Manpower staffing standards systems (MS3) includes the military personnel function of casualty operations at the casualty area command work center. The manpower authorizations will be determined using the following work load factors—

a. The actual end-of-month count of all casualty reports completed by the casualty area command of record, and forwarded to CDR, PERSCOM. This will include all types of casualty reports—initial, supplemental, status change, progress, and health and welfare.

b. The actual end-of-month count of casualty notifications made to PNOK and SNOK within the CAC area of responsibility. If parents (or other next of kin) of a casualty are divorced or living apart the notifications will be counted separately.

c. The actual end-of-month count of casualty cases where the CAC provided casualty assistance to a PNOK.

1–22. Level of work

This regulation prescribes the execution of casualty operations functions performed at the casualty area commands. The casualty area commands are required to perform the mandatory operating tasks contained in the regulation.

Chapter 2
Casualty Reports

Section I
Personnel Requiring a Casualty Report

2–1. Categories of reportable casualties

A casualty report is required when any of the personnel listed in the categories below becomes a casualty.

a. All Army members on Active Duty (AD). The term "active duty" includes Reserve members in an active Guard/Reserve (AGR) status.

b. Army National Guard (ARNG) soldiers (chap 10) who die while en route to or from or while participating in any of the following authorized training activities—

(1) Annual training (AT).
(2) Active duty for training (ADT).
(3) Full time national guard duty (FTNGD).
(4) Temporary tour of active duty (TTAD).
(5) Initial active duty training (IADT).
(6) Active duty special work (ADSW).
(7) Special active duty for training (SADT).
(8) Scheduled inactive duty training (IDT).

c. USAR soldiers (chap 9) who die while en route to or from or while participating in AT, ADT, IADT, ADSW, SADT, or IDT.

d. Soldiers who die while en route to or from or at a place for final acceptance for entry on AD with the Army.

e. Cadets and students enrolled in Reserve Officers Training Corps (ROTC) performing authorized training or travel (5 USC 8140 or 10 USC 2110).

f. United States Military Academy (USMA) cadets.

g. Soldiers in an absent without leave (AWOL) or deserter status.

h. Members of other U.S. Armed Forces (para 2–7).

i. Retired general officers of the Army.

j. Retired soldiers who held the office of Sergeant Major of the Army.

k. Retired, separated, or discharged soldiers who die within 120 days of separation from the Army. This category includes soldiers on the Temporary Disability Retired List (TDRL). Soldiers who die with 100 percent disability are reportable up to 1 year.

l. All other retirees, including those covered under 10 USC 1331.

m. DA employees paid from appropriated funds who die during travel status or temporary duty (TDY) within the 50 States and the District of Columbia.

n. DA employees paid from appropriated funds while assigned, deployed or TDY outside the 50 States and the District of Columbia.

o. Dependents of DA employees paid from appropriated funds residing with the employee stationed outside CONUS or while in transit to or from CONUS.

p. Other U.S. civilians who become a casualty OCONUS and are—

(1) Nonappropriated fund employees of the DA.

(2) Contract field technicians.
(3) Visiting dignitaries.
(4) Representatives of DA-sponsored organizations (such as the American Red Cross, the United Services Organization, and banking facilities).
(5) Citizens for whom local State Department officials have requested the overseas command to assume casualty reporting responsibilities.
(6) Contract representatives of the VA and the Department of Labor.

q. Family members located with their sponsor overseas and family members who become a casualty in CONUS when the sponsor (*a* above) is overseas. A NOK who is not a dependent but becomes a casualty while visiting a sponsor overseas may be reported upon request of the sponsor. Includes family members who become a casualty OCONUS while their sponsor is in another OCONUS location.

r. Allied government personnel who die in CONUS.

s. Foreign military trainees who die in CONUS.

t. Dependents of retired personnel who die in a medical treatment facility (MTF) within the United States (does not include Alaska or Hawaii).

2–2. Reporting Army general officers and Sergeants Major of the Army

a. Casualty reports on the personnel in the below categories will have additional information (2–2*b*) included in item 61, (Remarks), of the casualty report. CDR, PERSCOM (TAPC–PEC) will furnish this information to HQDA (DACS–DSP) protocol for release of an Army-wide message announcing the death of these personnel.
(1) Any general officer in active service, or a general or lieutenant general in a retired status.
(2) Any past or present Sergeants Major of the Army.

b. Additional information required is as follows—
(1) Date, time, and location of the funeral.
(2) Date, time, and location of interment.
(3) For active duty general officers or the current Sergeant Major of the Army, a statement that the surviving NOK identified on DD Form 93 (chap 11) is correct. If the identified NOK is not correct, the correct information will be furnished in item 61, (Remarks).
(4) The desires of the PNOK concerning expressions of sympathy, contributions, or memorials.
(5) Statement that the NOK does or does not consent to release of the preceding information by HQDA (DACS) in an Army-wide message announcing the death of the soldier concerned.

c. The INIT report will not be delayed if this information is not immediately available, but a SUPP report will be submitted as soon as this information is available.

2–3. Active duty USAR/ARNG reporting requirements

USAR/ARNG soldiers who die while on AD status, the following additional items of information will be furnished in item 61, (Remarks), of the casualty report—
a. Sex.
b. Date and place of last entry on AD.
c. Amount of basic pay.
d. Type of additional pay (if any).
e. Type/dates of training being performed.

2–4. Reporting persons away from their station of assignment

When a person becomes a casualty while away from his or her permanent station (such as away on leave), the CAC in whose area the casualty occurs will submit a casualty report. Since the CAC may not be able to supply all the required items of information, the following instructions apply—

a. An initial (INIT) casualty report containing the items of information available will be submitted to the—
(1) Normal addressees (table 3–1).
(2) CAC responsible for the area in which the person's permanent station is located.
(3) Commander of the person's permanent station.

b. Upon receipt of the casualty report, the CAC responsible for the area in which the person's permanent station is located will obtain personal data from his or her commander. The CAC will then submit that data, in the form of a supplemental (SUPP) report, to the original addressees and to the CAC that submitted the INIT casualty report.

c. The CAC that submitted the INIT casualty report will monitor the case to ensure that a SUPP report is submitted.

2–5. Reporting deaths of civilians residing overseas

CDR, PERSCOM will facilitate coordination (except in Hawaii, Alaska and Puerto Rico) when American consulate or embassy officials are required or requested to provide support to the Army casualty operations program for individuals listed in paragraph 2–1*i* through *o*, their family members, and the family members of active duty personnel.

2–6. Reporting U.S. Army members attached to another Service

The reporting requirements of this regulation do not apply to Army members who become casualties while attached to another Service. Those members will be reported by that Service under its regulations.

2–7. Reporting members of other U.S. Armed Forces

When a person from another Service becomes a casualty and the sponsoring Service is not in the immediate area, the command who would submit a report for Army personnel will handle the initial reporting. The format for these reports is the same as when reporting Army personnel. The commander will address the reports for the Service as follows and include CDR, PERSCOM (TAPC–PEC) as an information addressee—

a. U.S. Air Force. AFMPC/DPMC Randolph AFB TX and HQ AFAFC/Lowry AFB CO/RPBC.

b. U.S. Navy. COMNAVMILPERSCOM WASH DC//642//.

c. U.S. Marine Corps. CMC WASH DC (MHP–10).

d. U.S. Coast Guard. Commandant, U.S. Coast Guard, WASH DC/G–PS–1/WASH DC/G–PS–1/TP 41.

2–8. Reporting deaths of foreign personnel in the continental United States

a. Personnel of allied governments. When personnel of an allied government die in CONUS, the commander in the area where the casualty occurred will provide the responsible CAC the information required to prepare the casualty report. The CAC will submit the report to CDR, PERSCOM who will then relay the information to HQDA (DAMI–ZA) WASH DC 20310–1001.

b. Foreign military students. When a foreign military student attending an Army school dies in CONUS, the casualty will be reported per AR 12–15, paragraph 2–17.

2–9. Joint service casualty alert message

When casualties occur in a situation involving personnel of more than one Service, an "IMMEDIATE" precedence Joint Service casualty alert message will be transmitted by the local command authority of the Service operating or controlling the equipment, installation or unit to the casualty's parent Service in the format prescribed in figure 3–5.

2–10. Reporting enemy prisoners of war

The camp commander, hospital commander, or other officers charged with the custody of the enemy prisoner of war (EPW) before the EPW's death will comply with AR 190–8.

2–11. Reporting civilian internees in U.S. Army custody

When a civilian internee in U.S. Army custody dies or becomes seriously ill because of injury or disease, the camp or hospital commander will comply with AR 633–51.

Section II
Casualty Reporting - Special Circumstances

2–12. Casualty reporting during hostilities

Commanders will prepare and periodically review, as battlefield conditions permit, procedures for casualty reporting to determine how effective and responsive these procedures will be during hostilities. Plans for a casualty reporting system during hostilities must include and provide for—

a. A method of collecting casualty data within the area of operation. The method will include using DA Form 1155 and DA Form 1156 (Casualty Feeder Report).

b. A means of verifying the casualty status of a person by comparing casualty information with military or civilian personnel records. Such records include DD Form 93, strength reports, military police and straggler reports, prisoner of war (PW) reports, medical treatment facility admission and disposition reports, graves registration and mortuary interment reports, and intelligence information reports.

c. The development of a memorandum of agreement between each CAC and MTF within the CAC area of responsibility to allow for Casualty Liaison Teams (CLT) involvement in the administration and processing of casualties evacuated from an area of military operations or mass casualty incident site. This action will help satisfy requirements in support of DA casualty operations.

d. Procedures for reporting suspected friendly fire casualties. During hostilities item 40 on the casualty report is required (see chap 3). If a casualty results from suspected friendly fire, but is unconfirmed, the casualty report will state "UNK". All suspected friendly fire incidents will require an AR 15–6 investigation. A board of officers will be appointed under AR 15–6 to inquire into the suspected friendly fire incident. This board will be appointed by the commander having general court martial jurisdiction over the unit to which the casualty was assigned (or a higher authority designated by a commander authorized to make such designation). If no general court-martial authority exists, the appointment will be made by the commander reporting directly to HQDA. The board will consist of not less than three commissioned officers (field grade recommended). The board inquiry will be conducted per AR 15–6, and proceedings will be submitted to PERSCOM (TAPC–PEC) on DA Form 1574 (Report of Proceedings by Investigating Officer/Board of Officers) with the appropriate attachments. A supplemental casualty report will be sent to TAPC–PEC stating the inflicting force determined by the AR 15–6 investigation.

e. A mass casualty reporting system.

f. The maintenance of a master casualty file.

g. The maintenance of statistical data on casualties.

h. The preparation of letters of sympathy, condolence, and concern.

i. The timely determination of line of duty status for nonhostile casualties.

j. The disposition of personnel records.

k. The provision of cutoff and disposition instructions for casualty files.

2–13. Casualty reporting during movement by military air or sea to or from overseas commands

Casualties occurring in the air or at sea while traveling to or from an overseas command will be reported by the commander responsible for submitting casualty reports per NAVMILPERMAN 15560 or AFI 30–25 and under the regulations of the governing Service. If an Army member becomes a casualty, the commander is required to transmit the report by an "IMMEDIATE" precedence message to CDR, PERSCOM ALEX VA//TAPC–PEC//

2–14. Casualty reporting during field exercises

a. Actual casualty reports. When maneuvers or major exercises of division-size or larger units are conducted, the maneuver or exercise director or the designated Army representative will establish a central casualty reporting agency. This central agency will prepare and process for the responsible CAC the reports on actual casualties incurred during the exercise.

b. Simulated casualty reports. Simulated casualty reporting during field exercises is essential as a training device that adds depth and realism to command exercises. Special care and handling of such simulated reports are required to ensure that exercise messages remain within exercise channels. AR 25–11 will be closely followed.

2–15. Casualty reporting during an attack on the continental United States

a. When the military is employed to support civil defense operations, the proper CAC commander will send civil defense reports to the Commander, Forces Command, Fort McPherson, GA 30330 (AR 500–70). These civil defense reports will include the number of casualties of both military and civilian personnel.

b. The CAC commander will send the casualty information required by this regulation to CDR, PERSCOM (TAPC–PEC) and other designated headquarters, by any means, as soon as the tactical situation permits.

Section III
Special Interest Casualty Reporting

2–16. Special interest casualty matters

Certain casualty matters, because of the nature of the incident or because of the person involved, generate unusual interest. The following casualty incidents have been designated as special interest casualty matters.

a. Multiple/mass casualty events.

b. Unique or bizarre incidents resulting in a casualty that can be expected to generate news interest.

c. Any casualty incident involving a person subject to special interest. Persons subject to special interest include—

(1) AD general officers and general officer designees.

(2) Retired general officers.

(3) Officers commanding battalions or units of similar size and responsibility in hostile fire areas.

(4) Field grade officers in advisory position in hostile fire areas.

(5) Past or present Sergeants Major of the Army.

(6) Any government official or public figure who becomes a casualty while under Army sponsorship.

(7) Returned prisoners of war on AD.

(8) Other persons who have been identified by CDR, PERSCOM (TAPC–PEC) as subject to special interest.

2–17. Reporting special interest casualty matters

Immediately upon receipt of information concerning a special interest casualty matter, the responsible reporting commander will relay all available information by the fastest possible method (normally telephone) to CDR, PERSCOM (TAPC–PEC). This advance report is designed primarily to alert casualty personnel of the casualty incident. It will not be delayed pending accumulation of complete and detailed information.

a. Unless advised otherwise, all STACH and SUPP reports pertinent to special interest casualty matters will be relayed by the fastest possible method (normally telephone) to CDR, PERSCOM (TAPC–PEC).

b. PROG reports will be required every 5 days, even though the patient is not listed in the category of SI. The submission of these PROG reports may be terminated after the third report, unless otherwise directed by CDR, PERSCOM (TAPC–PEC).

c. When a special interest report is submitted, as a minimum, the report will include the name, rank, SSN, and organization of the person and the circumstances surrounding admission to the hospital (including dates and times). It will also contain hospital diagnosis, place hospitalized, and the name, relationship, and address of the NOK who have been or are to be notified. When a person subject to special interest is placed on the VSI, SI or SPECAT list, chapter 3 will apply.

In these cases, a casualty report will be submitted containing all information required in table 3–3.

2–18. Additional reporting requirements

Additional reporting requirements for special interest casualty matters are as follows—

a. All telephonic reports will be confirmed by electronic message.

b. All persons involved in a multiple casualty event will be reported, regardless of their desire or severity of the illness or of the wounds or injuries sustained.

c. Decisions by persons not to have their NOK notified will be honored, unless overriding considerations exist.

d. If CDR, PERSCOM (TAPC–PEC) considers it appropriate, it may direct that the NOK of the person involved in special interest casualty matters be notified without regard to normal hours of notification.

Section IV
Casualty Reporting During Civil Disturbances

2–19. Casualties to be reported during a civil disturbance

A casualty report is required when either ARNG soldiers in active Federal service or Active Army or USAR soldiers deployed with a task force or located in a task force's area of operation are—

a. Dead.

b. In a DUSTWUN or missing status (that is, in one of the categories of the Missing Persons Act) (chap 8).

c. VSI or SI.

d. Injured or wounded (regardless of degree or severity) as a direct result of sniper fire, mob action, or individual rioters.

2–20. Reporting procedures

a. AD soldiers.

(1) When reporting AD soldiers, the task force commander will telephonically report the casualty to the installation commander from which the soldier was deployed. This telephonic report will be confirmed by electronic message.

(2) The installation commander will obtain the required personal information and provide the CAC with the information to prepare a casualty report.

(3) The CAC will then prepare and submit the report to CDR, PERSCOM (TAPC–PEC) per chapter 3. Information copies will be provided to the commander in whose area the installation is located, the commander in whose area the disturbance is occurring, the unit commander of the soldier, and the task force commander.

(4) The CAC in whose area the PNOK/SNOK reside will effect notification according to chapter 4.

b. ARNG and USAR soldiers.

(1) Reports on ARNG and USAR soldiers called into active Federal service will be submitted as follows—

(a) The task force commander will telephonically report the casualty to the soldier's home unit commander. The unit commander will obtain the required personnel information and submit a telephonic report to the responsible CAC in whose area the disturbance is occurring. Telephonic reports will be confirmed by written message using the quickest means.

(b) The CAC will prepare and submit the report to CDR, PERSCOM (TAPC–PEC) and will notify the PNOK or SNOK according to chapter 4. The State Adjutant General will be an information addressee on all ARNG casualty reports submitted to CDR, PERSCOM.

(2) Extreme caution must be exercised during the initial 24-hour period after ARNG soldiers are called into active Federal service. Casualties sustained while ARNG soldiers were under State control, must be reported through ARNG channels. However, all questionable casualties in terms of time of the incident will be reported through Active Army channels.

Section V
Casualty Reporting and Types of Reports

2–21. Description

The casualty report is the source of information provided to the NOK concerning a casualty incident. The report will be complete, accurate, and timely. Preparation of the casualty report is discussed in chapter 3.

2–22. Types of casualty reports

The four types of casualty reports are Initial (INIT), Status Change (STACH), Supplemental (SUPP), and Progress (PROG). There is a fifth category that, although not technically a casualty report, is essential to the efficient operation of casualty management. This category is a Health and Welfare Report on personnel assigned to OCONUS or hostile fire areas. Section V of this chapter describes the uses of these different reports.

2–23. Requirements control exemption

The reports, notifications, and verifications prescribed in this regulation are exempt from requirements control action under AR 335–15, paragraph 5–2*b*(5).

2–24. Public release of casualty information

AR 360–5, chapter 3, gives guidelines for public release of casualty information. That regulation precludes public release of casualty information until the next of kin has been notified; however, it is the policy of DA to notify primary next of kin (PNOK) and secondary next of kin (SNOK) before any information is released to the public. Therefore, in cases where there is or may be news media or public interest, the CAC must ensure that the public affairs officer concerned is advised when notification has been completed.

2–25. Reporting a person as deceased

a. A person will be reported as deceased only when one of the situations below occurs—

(1) Remains have been recovered and have been positively identified as those of the person in question.

(2) Remains have been recovered that have not been positively identified but are believed to be those of the person in question based on the following circumstances—

(a) It can be established, without question, that the person was involved in the incident.

(b) There were no known, suspected, or possible survivors of the incident.

(3) Remains have not been recovered but conclusive evidence of death exists (2*a*, *b* apply). Situations do occur where reasonable evidence of death exists at the time of the casualty incident or shortly thereafter. In such cases, the CAC will, within 48 hours after submission of the death report, appoint an officer to obtain statements from witnesses having knowledge of the casualty incident. The appointed summary court officer will document the facts and circumstances surrounding both the death of the soldier and the nonrecovery of the remains. Statements and information obtained, together with a narrative summary prepared by the appointed officer, will be sent through casualty reporting channels to CDR, PERSCOM (TAPC–PEC) ALEX, VA 22331–0481, so as to arrive within 30 days after the death report is submitted.

b. Infant or fetal deaths occurring overseas will be reported only in cases where military medical authorities have issued a death certificate. Infant or fetal deaths occurring in CONUS will be reported only if the sponsor wants CDR, PERSCOM (TAPC–PEC) to make notification overseas or if the sponsor is stationed in an overseas command.

2–26. Determination of date of death

a. When all available evidence does not establish the actual date of death, the latest date on which death can reasonably be presumed to have occurred will be selected as the date of death. Consequently, when it is established that death occurred during a specific month but there is insufficient evidence to establish the actual date of death, the

last day of the month will normally be selected as the date of death. However, when the soldier was absent with authority at the time of disappearance and there is no evidence of unauthorized absence or other evidence to the contrary, the last day of the period of authorized absence will be selected as the date of death. This selection is made so that the person will not be unjustifiably considered AWOL on the day of death. If the report of death shows an abnormal length of time between the date a person was reported absent and the date selected as the date of death, the circumstances on which the selection of the latter date was based will be included in item 61, (Remarks), of the casualty report.

b. The date of death for individuals determined to be brain dead by competent medical authorities will be the date the soldier was removed from life support. Notification to the PNOK will occur as in a normal death, however, the PNOK will be advised to expect a call from the medical treatment facility requesting permission to harvest necessary organs. Medical personnel will not, under any circumstances, contact the PNOK until after notification of death is confirmed.

2–27. Reporting a person as wounded, injured, or ill

a. To report a person as wounded, injured, or ill, medical authorities must properly classify the individual in one of the categories listed below. Medical facility commanders will establish procedures for medical authorities to identify and report these patients promptly. The categories are—

(1) Very seriously wounded, injured or ill (VSI).

(2) Seriously wounded, injured or ill (SI).

(3) A special category (SPECAT) patient.

(4) Not seriously injured or ill (NSI). If a person is placed in this category as the result of hostile action, it must be indicated in item 41 (diagnosis) of the casualty report whether he or she was—

(a) Treated and held at a medical facility for less than 24 hours.

(b) Treated and returned to duty.

b. SPECAT reporting (AR 40–2) is used for certain patients whose NOK need to be provided information regarding the patient's condition, even though the patient is not classified as VSI or SI. These are patients who have—

(1) Sustained a severe injury, such as loss of sight or limb.

(2) Sustained a permanent or unsightly disfigurement of a portion of the body normally exposed to the public view.

(3) Contracted an incurable fatal disease and have limited life expectancy.

(4) Developed an established psychotic condition.

(5) Developed a condition that may require extensive medical treatment and hospitalization.

(6) Been released from duty under the provisions of AR 635–40 for a psychiatric condition and whose medical officer considers notification of the NOK appropriate. In these cases, written permission of the patient to notify the NOK must be obtained, provided the patient is capable of deciding whether or not he or she wishes to give written permission.

(7) Been paralyzed.

(8) Developed a medical condition that is not classified as VSI or SI but makes them unable to communicate with their NOK. (For example, the patient is comatose). Patients in this category will be reported only if the PNOK is located away from the immediate area of the patient.

c. When the person being reported has sustained a head wound or injury, the extent of eye and brain damage will be included in the casualty report. If there is no eye or brain damage, or if the extent of such damage cannot be determined, this information will be shown in the casualty report.

2–28. Initial and status change casualty reports

a. INIT casualty report. The INIT casualty report is the first report submitted on a person involved in any single casualty incident. Its purpose is to enter a reportable person into the casualty reporting system for each casualty incident.

b. STACH casualty report. The STACH casualty report shows that the casualty status of a previously reported person has changed from one major category of casualty to another (para 2–29*b*).

2–29. When to submit initial and status change reports

a. INIT casualty reports are required when a person listed in paragraph 2–1 is involved in any single casualty incident.

b. STACH casualty reports will be required only when a reported person's status changes from—

(1) Missing to deceased (chap 8).

(2) Missing to returned to military control (RMC).

(3) Wounded, injured, or ill to deceased.

(4) Not seriously injured or ill to any category in which hospital care is required.

(5) Whereabouts unknown to any other category.

2–30. Rules for preparing an initial casualty report

a. Persons requiring an INIT casualty report are listed in paragraph 2–1.

b. A sample completed INIT casualty report is shown in figure 3–1.

c. Items of information to be reported are in table 3–3.

d. Casualty reports will be electronically transmitted by CAC's listed in appendix B.

e. Addresses for different categories of persons being reported are shown in table 3–1.

f. Additional information required for special category (SPECAT) reports is found in paragraph 2–27*b*, and for special interest (SPEINT) reports in paragraph 2–18.

2–31. Steps for preparing an initial casualty report

The steps required for preparing an INIT casualty report are shown in table 2–1.

Table 2–1
Preparing an INIT casualty report

Step	Work center	Required actions
1	UNIT/BNS1/MTFA/ HOSP/PMO/SDLR	Receive information concerning a casualty incident
2	UNIT/BNS1/MTFA/ HOSP/PMO/SDLR	Pass casualty information to CAC
3	CAC	Obtain and verify from informational sources in step 2 all the facts/ circumstances surrounding the casualty incident and obtain personnel data from the individual's MPRJ or personnel data base.
4	CAC	Verify name, grade, social security number and identity of the individual involved from available records or personnel data base.
5	CAC	Alert CDR, PERSCOM (TAPC–PEC) telephonically that a casualty incident has occurred providing the name(s) of the individual(s) involved and any other information that may be available.
6	CAC	Extract appropriate personnel information from MPRJ to complete casualty report IAW table 3–3. Immediately FAX copy of DD Form 93, SGLV–8285, SGLV–8286 to CDR, PERSCOM (TAPC–PEC).
7	CAC	Review completed casualty report for completeness and establish control for submitting STACH, SUPP or PROG reports as appropriate.

Table 2–1
Preparing an INIT casualty report—Continued

Step	Work center	Required actions
8	CAC	Dispatch casualty report IAW paragraph 3–2, and file in casualty file.
9	CAC	In death cases only, pull the record copy of DD Form 93 and SGLV–8286 and reproduce copies. Once copies are reproduced, mail record copy immediately to CDR, PERSCOM (TAPC–PEC) 2461 Eisenhower Ave, Alexandria, VA 22331–0481.
10	CAC	In death cases only, place a copy of the casualty report, DD Form 93 and SGLV–8286 in the MPRJ.
11	CAC	In death cases only, obtain or ensure the individual's health and dental records are obtained from MTFA/ HOSP. Place health records in MPRJ.
12	CAC	In death cases only, mail or ensure the mailing of the deceased individual's dental records to CDR, PERSCOM (TAPC–PEC–D) 2461 Eisenhower Ave., Alexandria, VA 22331–0481.
13	UNIT	Prepare letter of sympathy/ condolence/concern as appropriate, IAW chapter 5, and forward undated letter to CAC.
14	CAC	Review letter of sympathy/ condolence/concern for accuracy and completeness and hold pending completion of notification.
15	CAC	Confirm personal notification to the PNOK/SNOK who are reported as deceased or missing IAW para 4–5 of this regulation.
16	CAC	Date and mail or return to preparing agency for mailing letters of sympathy/condolence/concern once confirmation of notification is completed. Ensure a copy is placed in the MPRJ and the casualty case file.
17	CAC	Prepare or ensure preparation of soldier's records for shipment in accordance with AR 600–8–104.

2–32. Rules for preparing a status change casualty report

a. STACH casualty reports will be electronically transmitted by CAC's listed in appendix B.

b. STACH casualty reports will only be submitted when there is a definite change in the person's status from the initial report. (See para 2–29*b*).

c. A sample completed STACH report is shown in figure 3–2.

2–33. Steps for preparing a STACH casualty report

The steps required for preparing a STACH casualty report are shown in table 2–2

Table 2–2
Preparing a STACH casualty report

Step	Work center	Required actions
1	CAC	Upon notification that a change has occurred in the previously reported status of a casualty, verify the new status.
2	CAC	Once status has been verified, prepare a STACH casualty report IAW table 3–3.
3	CAC	Review report for accuracy and completeness and dispatch IAW paragraph 3–2.
4	CAC	File copy of STACH in appropriate casualty file or MPRJ if a death case.

2–34. Rules for preparing a SUPP casualty report

a. SUPP reports are used to provide additional or corrected information to an INIT report or any previously submitted report.

b. SUPP reports will be electronically submitted by CAC's listed in appendix B.

c. A sample completed SUPP report is shown at figure 3–3.

2–35. Steps for preparing a SUPP casualty report

The steps for preparing a SUPP casualty report are as shown in table 2–3.

Table 2–3
Preparing a SUPP report

Step	Work center	Required actions
1	CAC	Upon availability of additional information, verify name, and prepare SUPP casualty report IAW table 3–3.
2	CAC	Review the completed SUPP casualty report for accuracy and completeness and dispatch IAW paragraph 3–2.
3	CAC	File copy of SUPP casualty report with original.
4	CAC	If additional or corrected information changed any of the previously furnished information to the NOK, determine if notifier should return to the NOK to provide the new information. Example: Date of death, changed, status changed from DUSTWUN to deceased.
5	CAC	If another visit by the notifier is necessary, brief the notifier of the changed information and have personal notification accomplished immediately.
6	CAC	Confirm personal notification to the PNOK/ SNOK who are reported as deceased or missing IAW para 4–5 of this regulation.

2–36. Content of PROG reports

PROG reports will be used to report the medical progress of hospitalized wounded, injured, or ill personnel in a VSI, SI, or SPECAT category. In most cases, when a person becomes a casualty, the NOK are located considerable distance from the person, particularly during the early and usually the most critical period of the person's medical treatment. As a result, the NOK are unable to obtain information regarding the person's status through their own resources. The PROG report is designed to furnish the NOK with information that they would normally acquire if they were physically present at the medical facility. Note that when the presence of the NOK overseas is considered necessary to the recovery of a soldier classified as VSI or SI, the CDR, PERSCOM (TAPC–PEC) may issue an invitational travel order (ITO). (See chap 6 for requirements and procedures for requesting ITOs).

2–37. When PROG reports are required

a. When there are NOK to be notified who are not present with the VSI, SI or SPECAT, SPEINT patient, PROG reports will be furnished—

(1) At 5-day intervals.

(2) When the incident or patient involved could create great concern on the part of the news media or the Army Staff (See para 2–16 for information on these types of incidents and categories of special interest individuals).

(3) When the patient is evacuated from one OCONUS hospital to another OCONUS hospital or evacuated to CONUS from the OCONUS hospital (table 3–2, message item 44).

(4) When the patient arrives at the new hospital after evacuation involving a major movement (such as Korea to Japan or Korea to Hawaii). The PROG report will contain a complete admitting diagnosis.

(5) When a change occurs in the patient's status to VSI or SI (table 3–2, message item 44).

b. PROG reports are not required on family members, DA civilians (except those deployed in support of a military operation), or retirees. If the sponsor is overseas and CONUS NOK are to be notified, only an INIT casualty report is required. CDR, PERSCOM (TAPC–PEC) will advise the CONUS NOK to contact the sponsor for additional information.

2–38. Termination of PROG reporting requirements

a. For VSI or SI patients, PROG reports will be terminated when the patient's name is removed from the VSI or SI list.

b. For SPECAT or SPEINT patients, PROG reports will be terminated as follows—

(1) PROG reports will be terminated after the third report, provided the patient is capable of rationally communicating with the NOK, or unless otherwise indicated by CDR, PERSCOM (TAPC–PEC).

(2) When the patient is evacuated to CONUS or to another overseas area where the NOK is located.

c. For a special interest case, after the third report unless otherwise indicated by CDR, PERSCOM (TAPC–PEC).

2–39. Preparation of PROG reports

a. Control. Each PROG report will deal with only one patient and will be sequentially numbered for control purposes.

b. Details. Reporting commands will ensure that all relevant details about the health, well-being, and medical progress of patients are included.

(1) In addition to the required PROG message items (table 3–3), the following information will also be provided—

(a) Patient's morale.

(b) Current and anticipated treatments, to include surgical operations (type and whether or not successful).

(c) Additional and terminal diagnosis.

(d) Anticipated period of hospitalization.

(e) Any evacuation plans, to include dates and destination.

(f) If an OCONUS ITO has been issued to the NOK (para 6–8), each PROG report will indicate that the NOK is or is not in the command. Departure of NOK from the command will also be reported.

(2) In addition, any information that might reduce the anxiety of the NOK will be included. Examples are—

(a) State of consciousness and mental disposition.

(b) Degree of alertness.

(c) Whether the patient is taking nourishment.

(d) Whether the patient is ambulatory.

(e) Type of diet.

(f) Whether patient is on life support equipment (type of life support equipment and medical status).

c. Final PROG report. These reports will be clearly identified as final.

2–40. Rules for preparing a PROG report

a. PROG reports will be electronically transmitted by CACs listed in appendix B.

b. Items of information to be reported are in table 3–3 and paragraph 2–39.

c. A sample completed PROG report is shown in figure 3–4.

d. PROG reports will be furnished as required by paragraph 2–37.

2–41. Steps for preparing a PROG report

The steps required for preparing a PROG report are shown in table 2–4.

Table 2–4
Preparing a PROG report

Step	Work Center	Required actions
1	CAC	Once INIT report has been submitted, establish suspense for 5-day intervals for PROG reports.
2	CAC	Establish contact with MTFA/HOSP for continual update on patient's status.
3	CAC	Obtain necessary information required by paragraph 2–39 from MTFA/HOSP concerning medical condition/progress of the patient and prepare PROG report.
4	CAC	Review PROG report for accuracy and completeness, then dispatch IAW para 3–2.
5	CAC	Place copy of PROG report in case file and suspense for next report due.

2–42. Health and welfare reports

a. Most health and welfare reports are generated at the request of the NOK as a result of a person having been—

(1) A casualty, but not injured severely enough for the NOK to have been notified.

(2) Hospitalized or medically evacuated.

(3) The subject of a hoax (para 2–44).

b. All requests for a health and welfare report that are not casualty related will be referred to CDR, PERSCOM (TAPC–EPA–P), ALEX VA 22331–0400, for enlisted personnel, and to CDR, PERSCOM (TAPC–OPP–M), ALEX VA 22332–0400, for officer personnel.

2–43. Health and welfare reports, hostile areas

a. All inquiries regarding the health and welfare of personnel who are located OCONUS or in hostile areas or who have been evacuated to a nonhostile area as a result of service in a hostile area will be referred to CDR, PERSCOM (TAPC–PEC). This referral is intended to eliminate multiple inquiries when the information requested is readily available at PERSCOM. It is in no way intended to usurp the prerogative of the American Red Cross.

b. In referring health and welfare inquiries to CDR, PERSCOM the following information is required—

(1) Name, rank, social security number (SSN), and organization of the person being reported.

(2) Name, address, telephone number, and relationship of the person initiating the inquiry.

(3) Specific reason for requesting a health and welfare report.

c. Upon receipt of STATREP information from the overseas command, CDR, PERSCOM (TAPC–PEC) will appropriately respond to the initiator of the inquiry.

2–44. Health and welfare reports, hoax cases

Inquiries about the health and welfare of a person may be made by NOK who have been furnished questionable casualty information by an unofficial source. All commanders need to be alert to these hoax cases and must refer them immediately to CDR, PERSCOM (TAPC–PEC).

a. The same information listed in paragraph 2–43*b* is required. In addition, the following information will be furnished—

(1) Claimed type of casualty (such as deceased or missing).

(2) Method by which the NOK was informed.

(3) Such other available information about the case as may be readily available.

b. CDR, PERSCOM (TAPE–PEC) will process hoax cases as follows—

(1) CDR, PERSCOM (TAPC–PEC) will notify commanders that the person about whom they are requested to furnish information is the subject of a known or suspected hoax. This notification will be accomplished with the utmost dispatch, telephonically if possible.

(2) Upon receipt of clarifying information from the overseas command, CDR, PERSCOM will respond to the initiator of the request.

Chapter 3
Preparing and sending casualty reports

3–1. Security classification

a. Generally, casualty matters are unclassified, but they are assigned the protective marking of **FOR OFFICIAL USE ONLY (FOUO)** per AR 380–5. In cases other than missing status, these markings may be removed after verification that the NOK has been notified. A case concerning a person in a missing status will remain marked FOUO until the person is returned to military control or until his or her status is changed to deceased, or to any other status listed in table 3–2, message item 3.

b. In some cases, certain information needed to complete the casualty report may be classified. In such cases, the procedures below will apply.

(1) An INIT report containing the unclassified basic data will be prepared and dispatched with the protective marking **FOR OFFICIAL USE ONLY.**

(2) Each item that requires a classified entry will contain the comment "CLASS - SUPP RPT FOLLOWS."

(3) A properly classified SUPP report will be prepared and dispatched.

3–2. Dispatch of reports

a. Casualty reports will be sent by electronic means without delay unless circumstances dictate otherwise. Table 3–1 contains the addresses of where to send casualty reports.

b. Casualty messages processed through military communications facilities to or from overseas destinations will be assigned an "IMMEDIATE" precedence.

c. Messages originating from a CONUS CAC to CDR, PERSCOM will be assigned a "PRIORITY" precedence; however, if PERSCOM is required to make notification, the "IMMEDIATE" precedence will be used.

d. Casualty managers will ensure military communications facilities transmitting a casualty message, request a report of delivery of initial and status change reports from CDR, PERSCOM (TAPC–PEC) using the "Z" signal. Messages not acknowledged within 24 hours after dispatch will be retransmitted without delay and then traced by the originator.

3–3. Rules for casualty report preparation.

a. Casualty report items. There are 61 possible items of information involved in casualty reporting. Instructions for each item are in table 3–2. Not all of the items pertain to every type of casualty report. Table 3–3 lists those items required for each type of casualty report. It is essential that the information in these tables be followed exactly.

b. All required items must be accounted for in the report. If the information is—

(1) Classified, follow the procedure in paragraph 3–1.

(2) Unknown, state "WILL SUPP".

c. The accuracy and completeness of casualty report items 31 through 44 must be emphasized. These items may be the only sources of information for the NOK concerning the facts surrounding the person's death or injury.

d. The subject of each report will be "CASUALTY REPORT" a sample for each type of report is shown in figures 3–1 through 3–5.

e. All message item numbers reported on a casualty message will be listed vertically in ascending order. Two message items, such as item 01 (Casualty report type) and Item 02 (Type of casualty) cannot be listed on the same line. See figures 3–1 through 3–5.

f. All dates entered in the casualty report must be 8 characters in length, format: "YYYYMMDD".

g. All social security numbers entered must have the dash "–" included. SSN "123456789" is not acceptable, the entire record will be rejected. An example of a properly reported SSN would be "123–45–6789".

h. Messages headers will use military "ZULU" time.

i. When the UIC is reported as part of items 14 and 20, the UIC will be in braces "{}".

j. Message items that require the use of a specific code value must be adhered to. You cannot make up new codes. Codes submitted that are not included in table 3–2 will be rejected. If a code you require is not present use item 61 (Remarks).

k. Message items 7, 9, 11, 17, 22, 25, 30, 35, 36, 37, 42, 44, 45, 46, 53, 57, and 58 require multiple items of data. The data in these items will be separated using the slash "/". The "/" must always be present, except if the item is unknown at the present time. Example: item 37. Enter the City/State/Country in which the incident occurred.
FORMAT: Incident City/Incident State/Incident Country
37. BALTIMORE/MD/US (item complete)
37. /MD/US (Incident City unknown)
37. //US (Incident City/State unknown)
37. KARLSRUHE/XX/GE (OCONUS complete)
37. WILL SUPP (item is completely unknown at this time)

l. When providing SUPP or corrected information to a message item that requires multiple items of data, the complete item must be re-transmitted. Examples: Enter the City/State/Country in which the incident occurred.
FORMAT: Incident City/Incident State/Incident Country
Example 1
INIT message: 37. /MD/US (The Incident City was unknown at the time of the INIT report).
SUPP message: 37. BALTIMORE/MD/US
Example 2
INIT message: 37. BALTIMORE/MD/US (Incident City/State/Country, were incorrectly reported in the INIT Report).
SUPP message: 37. DALE CITY/VA/US

Table 3–1
Addresses for casualty reports

Category of person: All reportable persons
Casualty Status: Wounded, injured or ill
Action: DA CASUALTY MEMORIAL AFFAIRS ALEXANDRIA VA//TAPC–PEC// (See Note 2)
Other ACTION addressees required by reporting CMD
DA WASHINGTON DC//DALO–SSA// (See Note 8)
Information: (See Note 1)
Reporting CAC Appropriate MACOM (See Note 2)
Other info addressees required by reporting CMD

Category of person: All reportable persons EXCEPT U.S. Army retired, separated, or discharged.
Casualty Status: Deceased, missing, or returned to military control.
Action: DA CASUALTY MEMORIAL AFFAIRS ALEXANDRIA VA//TAPC–PEC//TAPC–PED–D//
CDRARPERCEN ST LOUIS MO//ARPC–ARE–S// (See Note 6)
Commander of casualty area in which NOK resides (See Note 7)
DA WASHINGTON DC//DALO–SSA// (See Note 8)
Information: (See Note 1)
DFAS–IN INDIANAPOLIS IN//DFAS–IN–RFC//
DFAS–IN INDIANAPOLIS IN//DFAS–IN–FJEC–B// (See Note 9)
Other info addressees required by reporting CMD
DA WASHINGTON DC//DAMI–ZA// (See Note 10)
DIA WASH DC//POW–MIA// (See Note 10)
DA WASHINGTON DC//SGPS–PSA// (See Note 11)
DA WASHINGTON DC//DAPE// (See Note 12)
DIR AFIP WASHINGTON DC//AFIP–CME//
CDR USASC FT RUCKER AL//CSSC–A//

Table 3–1
Addresses for casualty reports—Continued

State Adjutant General (See Note 4)
Supporting CID (See Note 4)
Reporting CAC appropriate MACOM
CDR, USARC FT MCPHERSON GA//AFRC–PRR–S// (See Note 13)

Category of person: AWOL & Deserters
Casualty Status: Deceased
Action: DA CASUALTY MEMORIAL AFFAIRS ALEXANDRIA VA//TAPC–PEC//
CDRPERSCOM ALEXANDRIA VA//TAPC–PED–D//
CDR USAEREC FT BEN HARRISON IN//PCRE–RD//
Other ACTION addressees required by reporting CMD
Information: (See Note 1)
DFAS–IN INDIANAPOLIS IN//DFAS–IN–RFC//
DFAS–IN INDIANAPOLIS IN//DFAS–IN–FJEC–B//
Other info addressees required by reporting CMD

Category of person: Retired general officers and retired enlisted persons who have held position of Sergeants Major of the Army.
Casualty Status: Deceased
Action: DA CASUALTY MEMORIAL AFFAIRS ALEXANDRIA VA//TAPC–PEC//
CDRARPERCEN ST LOUIS MO//ARPC–VAS–C//
Commander of casualty area in which NOK resides (See Note 7)
CDRPERSCOM ALEXANDRIA VA//TAPC–PED–D//
DFAS–IN INDIANAPOLIS IN//DFAS–IN–RFC//
Information: (See Note 1)
DFAS–IN INDIANAPOLIS IN//DFAS–IN–FJEC–B//
Other info addressees required by reporting CMD
DA WASHINGTON DC//SGPS–PSA//
DA WASHINGTON DC//DACS//
Reporting CAC appropriate MACOM

Category of person: Retired, separated, or discharged person who dies within 120 days. Those persons retired with 100% disability (TDRL) are reportable up to one year.
Casualty Status: Deceased
Action: DA CASUALTY MEMORIAL AFFAIRS ALEXANDRIA VA//TAPC–PEC//
Commander of casualty area in which NOK resides (See Note 7)
CDRPERSCOM ALEXANDRIA VA//TAPC–PED–D//
DFAS–IN INDIANAPOLIS IN//DFAS–IN–RFC//
Information: (See Note 1)
CDRARPERCEN ST LOUIS MO//ARPC–VSA–C//
State Adjutant General (For National Guard only)
Other info addressees required by reporting CMD
Reporting CAC appropriate MACOM

Category of person: All other retired persons (includes persons on TDRL)
Casualty Status: Deceased
Action: CDRARPERCEN ST LOUIS MO//ARPC–VAS–C//
Commander of casualty area in which NOK resides (See Note 7)
DA CASUALTY MEMORIAL AFFAIRS ALEXANDRIA VA//TAPC–PEC//
TAPC–PED–D//
DFAS–IN INDIANAPOLIS//DFAS–IN–RFC//
Information: (See Note 1)
State Adjutant General (For National Guard only)
Reporting CAC appropriate MACOM

Category of person: Dependents for retired persons who die in a medical treatment facility within the United States.
Casualty Status: Deceased
Action: DA CASUALTY MEMORIAL AFFAIRS ALEXANDRIA VA//TAPC–PEC//TAPC–PED–D//
Information: Reporting CAC appropriate MACOM

Notes:

1. Information addressees will not accomplish any notification action solely on the basis of a casualty report.
2. To be included ONLY if notification at PERSCOM is required or if the casualty is the result of hostile action. If CONUS NOK of family members, retirees, and DAC are to be notified, only an initial report is required. CDR, PERSCOM will advise NOK to contact the soldier for any additional information. Alaska and Hawaii are considered overseas for retirees.
3. For individuals who become casualties while away from their permanent station, the CAC having jurisdiction over the unit of assignment will be an action addressee (para 2–4). For those individuals who become casualties while en route to a new permanent station, the CAC having jurisdiction over the new unit of assignment will also be an action addressee.
4. The State Adjutant General will be an information addressee on all casualty reports pertaining to ARNG personnel of the State. The supporting CID activity will be an information addressee on all casualties when medical authorities cannot determine that a noncombat death resulted from natural causes.
5. To be included ONLY for general officer casualties.
6. CDR, ARPERCEN ATTN: ARPC–ARE–S will be an information addressee for all USAR on active duty in an AGR (Active Duty Guard/Reserve) status.
7. This address will be included ONLY for casualties occurring in CONUS.
8. To be included ONLY for foreign national students who become casualties in CONUS (para 2–8).
9. Do not include Defense Finance and Accounting System (DFAS) as an information addressee on reports of civilians who die overseas.
10. To be included ONLY when the casualty category is missing, captured, MIA (missing in action), detained, interned, besieged, beleaguered, or RMC (returned to military control).
11. To be included on initial reports ONLY for colonels and above.
12. To be included on all initial reports and supplemental reports for general officers ONLY.
13. The United States Army Reserve Command (USARC) will be an information addressee on all casualty reports pertaining to Reserve Component personnel.

3–4. Preparing the casualty report

The following table provides detailed instructions for each of the sixty-one (61) casualty message items. The item name, data description (within parenthesis), item instructions, codes, and a format example are provided for each item. It is important to follow the instructions exactly as shown. The data provided will be automatically loaded into the Army Casualty Information Processing System (ACIPS) provided it conforms to these instructions. Data provided that does not conform to these standards, will not be automatically loaded by the system; it will be rejected. Rejected data will require manual input and/or a SUPP Report to correct the problem. The instructions include a description of the data that must be provided for each message item. The description is located within parenthesis. This description displays the length and type of data that must be provided.

Table 3–2
Instructions for completing the casualty report message, items 1 - 61.

Message Item: 1
Item Name/Description: Casualty Report Type (5x)
Instructions: Enter one of the following casualty report type codes.
Codes:
INIT—Initial report
SUPP—Supplemental report
STACH—Status Change report
PROG—Progress report
Format Example:
01. INIT
01. SUPP

Message Item: 2
Item Name/Description: Type of Casualty (10x)
Instructions: Enter one of the following type casualty codes.
Codes:
HOSTILE—A person who is the victim of a terrorist activity or becomes a casualty in action. "Inaction" characterizes the casualty as having been the direct result of hostile action, sustained in combat or relating thereto, or sustained going to or returning from a combat mission.

NONHOSTILE—A person who becomes a casualty due to circumstances not directly attributable to hostile action or terrorist activity.
Format Example:
02. HOSTILE

Table 3–2
Instructions for completing the casualty report message, items 1 - 61.—Continued

02. NONHOSTILE

Message Item: 3
Item Name/Description: Casualty Status (11x)
Instructions: Enter one of the following casualty status codes.
Codes:

BESIEGED—Besieged by a hostile force. The type casualty code must be hostile.

BELEAGUERED—Beleaguered by a hostile force. The type casualty code must be hostile.

CAPTURED—Captured by a hostile force. The type casualty code must be hostile.

DETAINED—Individual is detained in a foreign country. The type casualty code can be either hostile or nonhostile.

DECEASED—Individual casualty is dead. The type casualty code can be either hostile or nonhostile.

DUSTWUN—Individual whereabouts unknown. The type casualty code can be either hostile or nonhostile.

INTERNED—Individual is interned in a foreign country. The type casualty code must be nonhostile.

MIA—Individual whose whereabouts and status are unknown but are attributable to hostile activity. The type casualty code must be hostile.

MISSING—Individual whose whereabouts and status are unknown, provided the absence appears to be involuntary. The type casualty code can be either hostile or nonhostile.

NSI—Not seriously injured or ill. Treated at a medical facility and released. The type casualty code can be either hostile or nonhostile.

RMC—Returned to military control. The type casualty code can be either hostile or nonhostile.

SI—Seriously injured, wounded, or ill. The type casualty code can be either hostile or nonhostile.

SPECAT—Special category patient, usually an amputee. The type casualty code can be either hostile or nonhostile.

SPEINT—Special interest. Not seriously injured or ill. Incident could be news worthy. The type casualty code must be nonhostile.

VSI—Very seriously injured, wounded, or ill. The type casualty code can be either hostile or nonhostile.

Format Example:
03. DECEASED
03. VSI

Message Item: 4
Item Name/Description: Report number (8x) Instructions:
INIT and STACH reports: Each agency submitting reports to CDR,PERSCOM will establish, on a calendar-year basis, a sequential numbering system for INIT and STACH reports. Enter the current number in this item.

SUPP reports: Enter the number of SUPP reports(including this one) submitted on the person. For Example, if this was the fifth SUPP to the INIT report submitted, the correct entry would be "5".

PROG reports: Enter the number of PROG reports submitted on the person, including this one, in the same manner as for SUPP reports.
Codes: No codes used
Format Example: 04. 92-00001

Message Item: 5
Item Name/Description: Previous Casualty Status (11x)
Instructions: Enter the code that was entered in item 3 on the INIT report submitted on the individual.
Codes: Same as item 3.
Format Example: Same as item 3.

Message Item: 6
Item Name/Description: Previous Report Number (8x)
Instructions: Enter the report number that was entered in Item 4 of the INIT report on the individual.
Codes: No codes used
Format Example: 06. 92-00001

Table 3–2
Instructions for completing the casualty report message, items 1 - 61.—Continued

Message Item: 7
Item Name/Description: Category of Individual (13x/*x)
Instructions: Enter one of the following individual category codes listed below along with an appropriate qualifier if required.
Codes:

CIVILIAN—Refer to chapter 2, paragraph 2-1.

DEPENDENT—Refer to chapter 2, paragraph 2-1.

FAMILY MEMBER—Refer to chapter 2, paragraph 2-1.

FGN NATL—Refer to chapter 2, paragraph 2-1.

MILITARY—Refer to chapter 2, paragraph 2-1.

REFRAD—Released from active duty. Refer to chapter 2, paragraph 2-1.

RETIRED—Refer to chapter 2, paragraph 2-1.

RET DEP—Dependent of retired person's who die in a CONUS medical treatment facility. Refer to chapter 2, paragraph 2-1.

Additional qualifiers can be used to further define the category of individual being reported, these codes are:

a. WITHIN 120 DAYS—Used when the soldier or individual dies within 120 days of retirement or separation from the service. (Excludes 100% TDRL/PDRL personnel).

b. WITHIN 1 YEAR—Used when the individual dies within 1 year of being placed on TDRL/PDRL 100%.

Format Example:
07. MILITARY/
07. RETIRED/WITHIN 1 YEAR
07. REFRAD/WITHIN 120 DAYS

Message Item: 8
Item Name/Description: Social security number (11x)
Instructions: Enter the person's social security number.
Codes: No codes used
Format Example: 08. 123-45-6789

Message Item: 9
Item Name/Description: Name (30x/15x/30x/3x)
Instructions: Enter the person's last name/first name/middle name/ suffix (Jr., Sr., III etc.) Do not enter initials unless the initial is their complete first or middle name.
Codes: No codes used
Format Example:
09. DOE/JOHN/PAUL/JR. (Complete name)
09. ROSE/MARIA/ROSANNA DANNA/ (Two middle names)
09. DOE/JOHN//JR. (No middle name)
09. DOE/JOHN// (No middle name, no suffix)

Message Item: 10
Item Name/Description: Race (6x)
Instructions: Enter the person's race.
Codes:
BLACK—Negroid or African
RED—American Indian
YELLOW—Asian
WHITE—Caucasian
OTHER—Other
Format Example: 10. RED

Message Item: 11
Item Name/Description: Date and place of birth(date(8)/25x/2x/2x)
Instructions: Enter the person's date/place of birth in the following manner:
YYYYMMDD/Birth City/Birth State/Birth Country
Codes: See state and country codes in appendix C and D.
Format Example:
11. 19521018/BALTIMORE/MD/US
11. 19521018//MD/US (Birth City unknown)
11. 19521018///US (Birth City/State unknown)
11. 19521018/KARLSRUHE/XX/GE (Individual was born in Germany. When individual is born in a foreign country, birth state code must be "XX").
11. //NY/US (Date and Birth City unknown)

Table 3–2
Instructions for completing the casualty report message, items 1 - 61.—Continued

Message Item: 12
Item Name/Description: Rank (4x)
Instructions: Enter the person's rank.
Codes:
Military ranks:
CMA—Cadet, United States Military Academy
CSR—Cadet, Senior Advanced Reserve Officer
2LT—Second Lieutenant
1LT— First Lieutenant
CPT—Captain
MAJ—Major
LTC—Lieutenant Colonel
COL—Colonel
BG—Brigadier General
MG—Major General
LTG—Lieutenant General
GEN—General
GA—General of the Army
WO1—Warrant Officer, One
CW2—Chief Warrant Officer, Two
CW3—Chief Warrant Officer, Three
CW4—Chief Warrant Officer, Four
MW5—Master Warrant Officer
PV1—Private One
PV2—Private Two
PFC—Private First Class
SPC—Specialist
CPL—Corporal
SGT—Sergeant
SSG—Staff Sergeant
PSG—Platoon Sergeant
SFC—Sergeant First Class
MSG—Master Sergeant
1SG—First Sergeant
SGM—Sergeant Major
CSM—Command Sergeant Major
SMA—Sergeant Major of the Army
Civilian ranks (first two characters)
ES—senior executive
GM—merit pay
GS—general schedule
UA—managerial
WG—nonsupervisory—Federal
followed by numbers 01 - 19 (last two characters):
Format Example:
12. SSG
12. GS12
12. WG05

Message Item: 13
Item Name/Description: Component (4x)
Instructions: Enter the soldier's component.
Codes:
ARNG—Army National Guard
RA—Regular Army
USAR—United States Army Reserve
Format Example: 13. USAR

Message Item: 14
Item Name/Description: Organization/Station of Assignment (100x)
Instructions: Enter the person's organization down to company level, including UIC, if applicable. Include installation name, state and zip code. The UIC when reported must be within brackets, i.e. "(3VS99)".
Codes: No codes used
Format Example: 14. CO B 307th ENGR BN {3VS99}, FT BRAGG, NC 28307

Message Item: 15
Item Name/Description: Duty military occupational specialty (DMOS) (5x)
Instructions: Enter the soldier's DMOS. Entry will consist of 5 characters in all cases (enlisted,warrant officer and officer).
Codes: Enter valid DMOS.
Format Example:

Table 3–2
Instructions for completing the casualty report message, items 1 - 61.—Continued

15. Enlisted - 75Z4O
15. Warrant officer - 150AO
15. Officer - 13A00

Message Item: 16
Item Name/Description: Rank of Sponsor (4x)
Instructions: If the person being reported is a dependent or family member, enter the sponsor's rank.
Codes: Refer to Item 12 for valid rank codes.
Format Example:
16. SSG
16. GS12

Message Item: 17
Item Name/Description: Sponsor Name (30x/15x/30x/3x)
Instructions: Enter the sponsor's Last Name/First Name/Middle Name/ Suffix (Jr., Sr., III etc.) Do not enter initials unless the initial is their complete first or middle name.
Codes: No codes used.
Format Example:
17. DOE/JOHN/PAUL/JR. (Complete name)
17. ROSE/MARIA/ROSANNA DANNA/ (Two middle names)
17. DOE/JOHN//JR. (No middle name)
17. DOE/JOHN// (No middle name, no suffix)

Message Item: 18
Item Name/Description: Relation to Sponsor (13x)
Instructions: Enter the relationship of casualty to the sponsor.
Codes: SPOUSE, CHILD, ADOPTED CHILD, STEPCHILD, PARENT, GRANDPARENT, STEPPARENT, FOSTER PARENT, PARENT-IN-LAW, FOSTER CHILD, SIBLING, COUSIN, GRANDCHILD, OTHER
Format Example: 18. SPOUSE

Message Item: 19
Item Name/Description: Sponsor social security number with dashes (11x)
Instructions: Enter the SSN of the Sponsor
Codes: No codes used
Format Example: 19. 123-45-6789

Message Item: 20
Item Name/Description: Sponsor organization/station of assignment (100x).
Instructions: Enter the sponsor's organization down to company level, including UIC in brackets (3VS99), if applicable. Include installation name, state and zip code.
Codes: No codes used
Format Example: 20. BTRY A 1ST BN 18TH FA (3VS99) FT BRAGG, NC 28301-5000

Message Item: 21
Item Name/Description: Retirement/Separation date (8x)
Instructions: Enter the retirement or separation date(YYYYMMDD) from the service.
Codes: No codes used
Format Example: 21. 19671018

Message Item: 22
Item Name/Description: TDRL or PDRL/Percentage (4x/3n)
Instructions: If the person being reported was on the TDRL or the PDRL enter the list that the casualty was on along with the percentage of disability.
Instructions:
TDRL—Temporary Disability Retired List
PDRL—Permanent Disability Retired List
Codes:
22. TDRL/100
22. PDRL/100

Message Item: 23
Item Name/Description: Date Placed on TDRL/PDRL (8x)
Instructions: Enter the date the casualty was actually placed on the TDRL or PDRL list.
Codes: No codes used

Table 3–2
Instructions for completing the casualty report message, items 1 - 61.—Continued

Format Example: 23. 19891018

Message Item: 24
Item Name/Description: Died in Medical Treatment Facility (3x)
Instructions: Enter "YES" or "NO" as to whether the casualty died while a patient in a medical treatment facility.
Codes: No codes used
Format Example: 24. YES

Message Item: 25
Item Name/Description: Home of Record (HOR)(25x/2x/2x)
Instructions: Enter the casualty's HOR in the following format: Home City/Home State/Country
Codes: State and country codes are listed in appendix C and D.
Format Example:
25. BALTIMORE/MD/US
25. /MD/US (City unknown)
25. //US (City and State unknown)
25. KARLSRUHE/XX/GE (When person's HOR is in a foreign country the home state code must be ("XX")). For the purposes of reporting Alaska and Hawaii will be reported as OCONUS.

Message Item: 26
Item Name/Description: Source of Pay (3x)
Instructions: If the person being reported is a civilian enter their source of pay.
Codes:
AFE—Appropriated Fund Employee
DOD—DOD Dependent School Employee
FND—Foreign National Direct Hire Employee
FNI—Foreign National Indirect Hire Employee
NAF—Nonappropriated Fund Employee
Format Example: 26. AFE

Message Item: 27
Item Name/Description: Employer Identification (50x)
Instructions: If the person being reported is a civilian enter the person's employers name and address. Abbreviate as necessary.
Codes: No codes used
Format Example:
27. AAFES, KARLSRUHE GE
27. AEROSPACE TECHNOLOGY INC., DALLAS TX

Message Item: 28
Item Name/Description: NOK to be Notified (*x)
Instructions: Enter the full name, relationship,complete address (including zip code), and telephone number(including area code) of the NOK to be notified. If the NOK is a service member include the person's SSN. State parents are deceased.
Codes: No codes used
Format Example: 28. MRS. PAULA A. TENTPEG, WIFE, 5312 TERRACE COURT, BALTIMORE, MD, 21221, (301) 684-8888; MRS. MARY E.TENTPEG, MOTHER, DECEASED; SGM THOMAS E. TENTPEG, FATHER,212-56-7897, 2122 CUB HILL RD., FAYETTEVILLE, NC, 28302,(717) 939-0092.

Message Item: 29
Item Name/Description: NOK already notified (*x)
Instructions: Enter the full name, relationship,complete address (including zip code), and telephone number(including area code) of the NOK already notified. If the NOK is a service member include the person's SSN.
Codes: No codes used
Format Example: 29. Same as Message item 28

Message Item: 30
Item Name/Description: Preparation/Review date of DD Form 93(8x/8x)
Instructions: Enter the preparation date of the DD Form 93, and the latest review date. If the review date is the same as the preparation date, repeat the preparation date.
Codes: No codes used
Format Example: 30. 19891018/19901018

Table 3–2
Instructions for completing the casualty report message, items 1 - 61.—Continued

Message Item: 31
Item Name/Description: Vehicular involvement (6x)
Instructions: Enter one of the following vehicle types:
Codes:
AIR—Any type Aircraft
GROUND—Any type of Ground Vehicle
MULTI—Multiple Vehicle Involvement
NONE—No Vehicular Involvement
SEA—Any type Water Craft
UNCLAS—Unable to classify at this time
Format Example: 31. GROUND

Message Item: 32
Item Name/Description: Type of vehicle (10x)
Instructions: If there was vehicle involvement, enter the type of vehicle:
Codes:
AIRPLANE— Any type of Fixed-Wing Aircraft
APC—Any type of Armored Personnel Carrier
AUTO—Any type of Automobile
BOAT—Any type of Boat
BUS—Any type of Bus
MOTORCYCLE—Any type of Motorcycle
ROTOR—Any type of Rotary-Wing Aircraft
TANK—Any type of Tank
TRAIN—Any type of Train
TRUCK—Any type of Truck
Format Example: 32. TRUCK

Message Item: 33
Item Name/Description: Vehicle ownership (7x)
Instructions: Enter the code that reflects the ownership of the vehicle.
Codes:
COML—Commercially Owned
CONTR—Contract Government Vehicle
OTHER—Other
POV—Personally Owned Vehicle
UNKNOWN—Unknown
USGOVT—U.S. Government Owned Vehicle
Format Example: 33. POV

Message Item: 34
Item Name/Description: Position aboard vehicle (14x)
Instructions: Enter the person's position aboard the vehicle.
Codes:
COMMANDER
CO-PILOT
CREW CHIEF
DOOR GUNNER
DRIVER
OBSERVER
OTHER
OTHER CREW
PASSENGER
PILOT
RADIO OPERATOR
UNKNOWN
Format Example: 34. PASSENGER

Message Item: 35
Item Name/Description: Duty status at time of incident/dates (12x/8x/8x).
Instructions: Enter the person's duty status at the time of the incident in the following format: Duty status/from date/to date.
Codes:
AWOL—Absent Without Leave
DFR—Dropped from the Rolls
DUTY—On Duty
HOSPITALIZED—In Hospital
LEAVE—On Approved Leave
OFF DUTY—Not on Duty at the time of incident
PASS—On Approved Pass
TDY—Temporary Duty
Format Example:
35. AWOL/19891018/19891015

Table 3–2
Instructions for completing the casualty report message, items 1 - 61.—Continued

35. LEAVE/19921018/199210318
35. DUTY//

Message Item: 36
Item Name/Description: Date/time of incident(YYYYMMDD/HHMM)
Instructions: Enter the local date and time (24 Hour) of incident.
Codes: No codes used
Format Example: 36. 19921018/1203

Message Item: 37
Item Name/Description: Place of incident (25x/2x/2x)
Instructions: Enter the city/state/country in which the incident occurred in the following format: Incident City/Incident State/Incident Country.
Codes: State and country codes are listed in appendix C and D.
Format Example:
37. BALTIMORE/MD/US
37. /MD/US (Incident City Unknown)
37. //US (Incident City/State Unknown)
37. KARLSRUHE/XX/GE (If incident occurred OCONUS the incident state must be "XX"). For reporting purposes, Alaska and Hawaii will be reported as OCONUS.
37. PACIFIC OCEAN/X112Y223 (If the incident occurred over water, enter the body of water name along with a 8-digit grid coordinate.)

Message Item: 38
Item Name/Description: Activity at time of incident (*x)
Instructions: Enter the person's activity at the time of incident. Be as specific as possible.
Codes: No codes used
Format Example:
38. UNIT WAS CONDUCTING AN AMBUSH.
38. HOME WATCHING TELEVISION

Message Item: 39
Item Name/Description: Circumstances (*x)
Instructions: Report the facts. If circumstantial evidence exists that cannot be confirmed, include it but clearly show where fact ends and supposition begins.Provide as much information as possible. Do not delay reports pending accumulation of details. During hostilities the cause and circumstances reported on the Casualty Feeder/Witness Report will be entered here. Cause and circumstances on the Casualty Feeder/Witness Report will only be edited for spelling/grammar errors. Content will not be changed.
Codes: No codes used
Format Example: 39. WHILE PERFORMING UNIT PT, SGT JONES BEGAN HAVING CHEST PAINS. HE STOPPED RUNNING TO REST. WHILE RESTING ALONG THE ROAD, HE SUFFERED A MASSIVE HEART ATTACK. MEDICAL AID WAS SUMMONED, CPR WAS PERFORMED BY UNIT PERSONNEL. HE WAS TRANSPORTED TO WOMACK ARMY MEDICAL FACILITY WHERE HE WAS PRONOUNCED DEAD.

Message Item: 40
Item Name/Description: Inflicting Force (5x)
Instructions: If casualty occurred as a result of hostile activities, enter the inflicting force code.
Codes:
AMIGO - Allied Forces, 15-6 investigation required
BUDDY - U.S. Forces, 15-6 investigation required
ENEMY - Enemy Force
UNK - Unknown, 15-6 investigation required
Format Example: 40. ENEMY

Message Item: 41
Item Name/Description: Diagnosis (400x)
Instructions: For VSI, SI, NSI and SPECAT patients, enter complete diagnosis (to include all injuries and ailments) in nontechnical language. Do not use medical abbreviations. The description of injuries will include causes and circumstances. The information reported is subjected to extensive scrutiny by the NOK and their family physician. Be certain to report complete information and proper identification, such as to right or left.
Codes: No codes used

Table 3–2
Instructions for completing the casualty report message, items 1 - 61.—Continued

Format Example: 41. JOHNNIE HAS EXTENSIVE BURNS OVER 40% OF HIS BODY. THE BURNS ARE MAINLY ON BOTH LEGS, STOMACH AND LOWER LEFT ARM. SOLDIER HAS LOST 10 LBS. DUE TO NOT EATING.

Message Item: 42
Item Name/Description: Place hospitalized(70x/25x/2x/2x/12x).
Instructions: Enter the complete name/address of the hospital, in-which the casualty is currently located in the following format: Complete hospital name/city/state/country/zip code.
Codes: Use state and country codes found in appendix C and D.
Format Example:
42. FRANKLIN SQUARE/BALTIMORE/MD/US/21221
42. LANDSTULE ARMY HOSPITAL/LANDSTULE/XX/GE/APO AE 12345-6789

Message Item: 43
Item Name/Description: Mailing address (*x)
Instructions: Enter the casualty's complete mailing address if it is different than item 42.
Codes: No codes used.
Format Example: 43. ROOM 34, WARD 2 NORTH, DEWITT ARMY COMMUNITY HOSPITAL, FT BELVOIR, VA 22060-5000

Message Item: 44
Item Name/Description: Medical progress and prognosis report(5x/255x).
Instructions: Enter the code that reflects the person's medical progress. Also enter a detailed narrative statement in lay terms, indicating the medical progress, dates placed on or removed from the VSI or SI list,period of hospitalization, evacuation plans, etc. On all VSI reports include a statement as to whether the SM is or is not on life support and the type (such as respirator). Include name and commercial phone number of attending physician. It is not required to use any of the report codes, however if they are not used, the slash "/" must still be present. Other information can include: patients morale, current and anticipated treatments, to include surgical operations (type and whether or not successful), anticipated period of hospitalization, state of consciousness and mental disposition, degree of alertness, whether the patient is ambulatory, type of diet.
Codes:
AGATE—Making Normal Progress
BROKE—SI or VSI and evacuated or transferred from one overseas MTF to another
CRIMP—Not Making Normal Progress
ERECT—Released from Hospital
IMPEL—VSI (previously SI)
PROVE—SI (previously VSI)
SCRAM—Removed from SI or VSI list and will be evacuated to United States
STALE—Condition Remains the Same
WRITE—Removed from SI List, Not Placed on VSI List
Format Example: 44. AGATE/PATIENT IS STARTING TO COME AROUND. HE IS CONSCIOUS AND BEGINNING TO COMPLAIN ABOUT THE FOOD, A SURE SIGN OF IMPROVEMENT. WILL REMAIN HOSPITALIZED FOR APPROXIMATELY ONE WEEK.

Message Item: 45
Item Name/Description: Casualty Assistance (3x/*x)
Instructions: Enter "YES" or "NO" if Casualty Assistance to be furnished by reporting command. If yes, enter rank, name, complete mailing address, and home and duty telephone numbers of the Casualty Assistance Officer (CAO).
Codes: No codes used
Format Example: 45. YES/CPT RICHARD ALLEN, 318TH ENGINEER COMPANY, FT BRAGG NC 28301. HOME PHONE(919) 325-7990, WORK PHONE (701) 447-4356.

Message Item: 46
Item Name/Description: PEBD/BASD (YYYYMMDD/YYYYMMDD)
Instructions: Using the format shown, enter the soldier's pay entry basic date (PEBD) followed by the soldier's basic active service date (BASD). (Not required for ARNG/USAR soldiers).
Codes: No codes used

Table 3–2
Instructions for completing the casualty report message, items 1 - 61.—Continued

Format Example:
46. 19901231/19901101
46. /19901101 (PEBD unknown)

Message Item: 47
Item Name/Description: Religious Preference (2x)
Instructions: Enter one of the following religious codes. If the casualty has a religion other than one of the following,enter code "74" (Other religions). Use item 61 to report the casualty's true religious preference.
Codes:
00—No Preference Recorded
01—No Religious Preference
02—Seventh-Day Adventists
04—Assemblies of God
05—Grace Gospel Fellowship
06—American Baptist Churches
08—Southern Baptist
10—Baptist Churches
12—Brethren Church
13—Christian - No Denom Preference
14—Buddhism
16—Christian Science
18—Church Of Christ
19—Church of God in Christ
20—Church Of God
24—Christian Church
26—Protestant Episcopal Church
32—Friends
34—Jehovah Witness
36—Jewish/Judaism
38—Mormon
40—Lutheran Churches
44—Methodist Churches
45—Evangelical Church
48—Islam
49—Hindu
50—Church of The Nazarene
53—Eastern Orthodox Churches
55—Full Gospel Pentecostal
56—Pentecostal Churches
58—Presbyterian Churches
60—Reformed Churches
62—Roman Catholic Church
68—United Church of Christ
70—Protestant - Other Churches
72—Protestant - No Preference
74—Other Religions
75—Atheist
99—Unknown
AB—Bible Protestant Church
AD—Evangelical Methodist
AE—Fundamental Methodist
AF—Independent Churches
AG—Independent Bible Churches
AK—Methodist Protestant
AM—United Christian Church
BO—Associated Gospel Church
BB—Baptist Bible Fellowship
BC—Brethren In Christ Fellowship
BE—Independent Baptist Churches
BF—Independent Lutheran Churches
BH—Bible Presbyterian Church
CI—American Baptist Churches
DA—Advent Christian Church
DB—Methodist Episcopal
DM—Moravian Church
DW—Seventh Day Baptist
EO—Independent Denominational
ED—Church Of God In Prophecy
EH—Independent Fundamental
EJ—Fellowship Of Grace Brethren
EM—Reformed Episcopal Church
EP—Churches Of Christ
FB—Conservative Judaism

Table 3–2
Instructions for completing the casualty report message, items 1 - 61.—Continued

FC—Orthodox Judaism
GA—Lutheran Church in America
GB—American Lutheran Church
GC—Lutheran Church
GD—Evangelical Lutheran Church
JB—Christian Churches Of Christ
JD—United Brethren in Christ
JE—Christ In Christian Union
JF—Baptist Association Of America
JG—Congregational Christian
JJ—Evangelical Free Church
JK—Evangelical Friends
JL—Evangelical Methodist
JP—Pentecostal Churches
JQ—Pentecostal Holiness
JR—Missionary Church
JT—Central Bible Church
LC—Presbyterian Church In The United States
LE—Orthodox Presbyterian Church
LF—Reformed Presbyterian Church
LG—United Presbyterian
MA—Sikh
MB—Greek Catholic Church
MC—Rosicrucianism
ND—The Wesleyan Church
NE—Southern Methodist Church
NF—United Methodist Church
Format Example: 47. 02

Message Item: 48
Item Name/Description: Received religious ministrations (3x).
Instructions: Enter "Yes", "No" or "Unk" as to whether religious ministrations were administered.
Codes: No codes used
Format Example:
48. YES
48. NO

Message Item: 49
Item Name/Description: Decorations and Awards (255x)
Instructions: Enter all decorations and awards received using the abbreviations found in AR 310-50 and AR 672-5-1.
Codes: No codes used
Format Example: 49. NDSM,VCM,Exp-M-16,VSM,MSM

Message Item: 50
Item Name/Description: Training related (3x).
Instructions: Enter "YES" or "NO" to indicate if the incident was training related.
Codes: No codes used
Format Example:
50. YES
50. NO

Message Item: 51
Item Name/Description: Date recommended/selected for promotion (YYYYMMDD).
Instructions: Enter the date recommended or selected for promotion. For Second Lieutenants and Warrant Officers 1, enter the date of the DA Form 78 (Recommendation for Promotion of Officer) (AR 624-100). For enlisted personnel, enter the date of the approved selection list on which the soldier's name appears or the date recommended by the soldier's commander. If soldier has not been selected for promotion do not report this item.
Codes: No codes used
Format Example: 51. 19911112

Message Item: 52
Item Name/Description: Rank to which recommended (3x).
Instructions: Enter the rank to which recommended.
Codes: Refer to item 12 for valid military rank codes.
Format Example: 52. SSG

Table 3–2
Instructions for completing the casualty report message, items 1 - 61.—Continued

Message Item: 53
Item Name/Description: Held higher rank (3x/date(8)/date(8)).
Instructions: If the individual previously held a higher rank enter the highest rank held, and dates during which the rank was held. If the individual never held a higher rank, do not report this item.
Codes: Refer to Item 12 for valid rank codes.
Format Example: 53. LTC/19811017/19851231

Message Item: 54
Item Name/Description: Servicemen's Group Life Insurance (YYYYMMDD)
Instructions: Enter the date the soldier's SGLV - 8286 (Servicemen's Group Life Insurance Election and Certificate) form was last prepared or reviewed.
Codes: No codes used
Format Example: 54. 19911231

Message Item: 55
Item Name/Description: Death Gratuity (*x)
Instructions: Enter one of the following:
Codes:
WILL PAY SPOUSE—Death gratuity (DG) will be paid by a finance and accounting office (FAO) within the geographic area of responsibility of the reporting casualty area command (CAC) directly to the surviving lawful spouse.

PAYAUTH SPOUSE—Payment of the DG to the lawful spouse is authorized; however, direct payment by a FAO within the geographic area of responsibility of the reporting CAC is not practical due to the location of the spouse.

NO SPOUSE/NO CHILDREN/WILL PAY—DG will be paid by a FAO within the geographic area of responsibility of the reporting CAC directly to designated natural parent(s)/ Name(s)/ Relationship(s)/Percentage per DD Form 93.

NO SPOUSE/NO CHILDREN/PAY AUTH—Payment of the DG to a designated natural parent(s) is authorized; however, direct payment by a FAO within the geographic area of responsibility of the reporting CAC is not practical due to the location of the parent(s). Name(s)/ Relationship(s)/Percentage per DD Form 93.

NO SPOUSE/OTHER/TO BE DETERMINED BY DFAS—There is no known surviving spouse. However, there is a surviving child or children.

NO SPOUSE/NO CHILDREN/OTHER/TO BE DETERMINED BY DFAS—There is no known surviving spouse, children or parents; decedent designated DG payment to person(s) other than natural parent(s); decedent made no designation for DG payment.
Format Example: 55. NO SPOUSE/NO CHILDREN/PAYAUTH JOHN JONES/FATHER/100 PERCENT PER DD FORM 93
55. NO SPOUSE/OTHER/TO BE DETERMINED BY DFAS SARAH J. PEANUT/DAUGHTER/50% RUSSELL I. PEANUT/SON/50%

Message Item: 56
Item Name/Description: Line of Duty Status (3x)
Instructions: Enter "YES" or "NO" if Line of Duty Investigation is required.
Codes: No codes used
Format Example:
56. YES
56. NO

Message Item: 57
Item Name/Description: Date/Time of Death (YYYYMMDD/HHMM)
Instructions: Enter the Date and Time (24 Hour) of death.
Codes: No codes used
Format Example: 57. 19921018/1203

Message Item: 58
Item Name/Description: Place of Death (70x/25x/2x/2x)
Instructions: Enter the Hospital/City/State/Country in which the death occurred in the following format: Hospital/Death City/Death State/Death Country
Codes: State and country codes are listed in appendix C and D
Format Example:
58. FRANKLIN SQUARE/BALTIMORE/MD/US
58. //MD/US (Hospital/Death City Unknown)

Table 3–2
Instructions for completing the casualty report message, items 1 - 61.—Continued

58. //US (Hospital/Death City/State Unknown)
58 /BALTIMORE/MD/US (Casualty died at the scene)
58. KARLSRUHE KLINK/KARLSRUHE/XX/GE (If death occurred OCONUS the death state must be "XX"). For the purposes of reporting Alaska and Hawaii will be reported as OCONUS.
58. PACIFIC OCEAN/X112Y223 (If the death occurred over a body of water, enter the body of water name along with an 8-digit grid coordinate.

Message Item: 59
Item Name/Description: Cause of Death (*x)
Instructions: Enter the specific medical diagnosis and cause of death, using diagnostic nomenclature. In cases where the person was previously reported as wounded, include a notation to that effect. If an autopsy is being performed, indicate the name and address of the medical treatment facility performing the autopsy.
Codes: No codes used
Format Example:
59. CARDIAC ARREST
59. GUNSHOT WOUND TO THE HEAD. INVESTIGATION PENDING.

Message Item: 60
Item Name/Description: Status of remains (5x).
Instructions: Enter the code that reflects the status of the remains.
Codes:
AUGUR—Remains have been recovered with others. They are individually identifiable and will be interred in an overseas cemetery in a group burial.

COVER—Remains individually identified and will be interred in an overseas cemetery.

DETER—Remains have been recovered that are believed to be those of the individual in question.

INTER—Remains already buried

RAVEN—NOK has custody of remains and is arranging disposition.

READY—Remains individually identified; disposition will be accomplished as directed by the appropriate disposition authority.

RENOR—Remains not recovered

UNITE—Remains have been recovered with others. They are not individually identifiable and will be shipped to the United States or, if in the United States, to a national cemetery as directed by the appropriate authority.
Format Example: 60. DETER

Message Item: 61
Item Name/Description: Remarks (*x)
Instructions: Use this item for reporting data not recorded elsewhere. If none, so state. Include any information needed to clarify preceding items; to explain corrections or additions; for requesting an invitational travel order (ITO); to report other persons involved in the same incident; to advise whether the remains are pending individual identification, and so on. (For family members indicate if sponsor desires notification.) If the soldier is not married, include the birth dates of both parents. If the report is on the death of a general officer in active service, a retired three or four star general, or a soldier who holds or has held the position of Sergeant Major of the Army, include date, time, and location of funeral; date, time and location of interment; a statement that surviving NOK information on the DD Form 93 is correct; the PNOK's desires regarding expressions of sympathy, contributions, or memorials; and a statement that PNOK does or does not consent to release of preceding information in a HQDA Army-wide message announcing the death of the concerned person. If noncombat death and medical authorities cannot determine that death resulted from natural causes, state name,address, and telephone numbers of CID activity that was advised of the death. In cases involving soldiers of the USAR/ARNG who die while on AD status or while participating in authorized training, the report shall also contain the following additional information: type of training being performed, the training dates, sex, branch of service, date and place of last entry on active duty, basic pay and type(s) of additional pay being received.
Format Example: 61. SOLDIER WAS PERFORMING ADT 1-14 JUNE 92.

Table 3–3
Items to be Included in Casualty Reports

Report Item	INIT REPORT										STACH REPORT				PROG RPT [1]	SUPP RPT [1]
	Military			Civilian			Ret	Family Member			WND TO DEAD	MIS TO DEAD	NON TO HOSP	RMC		
	DEAD	MIS	WND	DEAD	MIS	WND	DEAD	DEAD	MIS	WND						
01 Casualty RPT Type	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
02 Type of Casualty	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
03 Casualty Status	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
04 Report Number	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
05 Previous CAS Status											X	X	X	X	X	X
06 Previous RPT Type											X	X	X	X	X	X
07 Category of Individual	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
08 SSN	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
09 Name	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
10 Race	X	X	X	X	X	X	X	X	X	X						
11 Date/Place of Birth	X	X	X	X	X	X	X	X	X	X						
12 Rank	X	X	X	X	X	X	X									
13 Component	X	X	X				X									
14 Organization of Assignment	X	X	X													
15 Duty MOS	X	X	X													
16 Rank of Sponsor [2]								X	X	X						
17 Sponsor Name [2]								X	X	X						
18 Relation to Sponsor [2]								X	X	X						
19 Sponsor SSN [2]								X	X	X	X	X	X	X	X	X
20 Sponsor Organization [2]								X	X	X						
21 Retirement/Sep Date							X									
22 TDRL/PDRL Percent							X									
23 Date on TDRL/PDRL [3]							X									
24 Treatment Facility	X			X			X	X								
25 Home of Record	X	X	X	X	X											
26 Source of Pay				X	X	X										
27 Employer Identification				X	X	X										
28 NOK to be notified	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
29 NOK Already Notified	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
30 DD Form 93 Dates [11]	X	X	X	X	X	X										
31 Vehicular Involvement	X	X	X	X	X	X	X	X	X	X						
32 Type of Vehicle [4]	X	X	X	X	X	X	X	X	X	X						
33 Vehicle Ownership [4]	X	X	X	X	X	X	X	X	X	X						
34 Position Aboard [4]	X	X	X	X	X	X	X	X	X	X						
35 Duty Status	X	X	X													
36 Date/Time of Incident	X	X	X	X	X	X	X	X	X	X						
37 Place of Incident	X	X	X	X	X	X	X	X	X	X						
38 Activity	X	X	X	X	X	X										

Table 3–3
Items to be included in Casualty Reports—Continued

Report Item	INIT REPORT										STACH REPORT				PROG RPT [1]	SUPP RPT [1]
	Military			Civilian			Ret	Family Member			WND TO DEAD	MIS TO DEAD	NON TO HOSP	RMC		
	DEAD	MIS	WND	DEAD	MIS	WND	DEAD	DEAD	MIS	WND						
39 Circumstances	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
40 Inflicting Force [10]	X	X	X	X	X	X		X	X	X	X	X	X	X		
41 Diagnosis [5]			X			X				X			X	X	X	
42 Place Hospitalized [5]			X			X				X			X	X	X	
43 Mailing Address [5]			X			X				X			X	X	X	
44 Prognosis			X			X				X			X	X	X	
45 Casualty Assistance	X	X		X	X		X				X	X				
46 PEBD/BASD	X	X								X						
47 Religious Preference	X	X		X	X		X				X					
48 Receive Ministrations	X			X							X	X				
49 Decorations and Awards	X										X	X				
50 Training Related [6]	X	X	X								X	X				
51 Date Recommended for Promotion [6,9]	X										X	X				
52 Rank Recommended [6,7,9]	X										X	X				
53 Held Higher Rank [6,9]	X										X	X				
54 SGLI Date [6]	X										X	X				
55 Death Gratuity [6]	X										X	X				
56 Line of Duty Status [6]	X										X	X				
57 Date/Time of Death	X			X			X	X			X	X				
58 Place of Death	X			X			X	X			X	X				
59 Cause of Death	X			X			X	X			X	X				
60 Status of Remains	X			X			X	X			X	X				
61 Remarks	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Legend:

MIS–Missing; WND–Wounded, VSI, SI, NSI; RMC–Returned to Military Control; NON–Not VSI or SI; RET–Retired

Notes:

[1] In addition to the required items, include all items to be corrected, or for which additional information is being reported.

[2] Include for Family Members.

[3] Include only if item 22 states casualty was TDRL/PDRL.

[4] Include only if item 31 does not equal "NONE".

[5] Include only if changed since last report.

[6] Include only for military personnel.

[7] Include only if item 51 is not equal to "BLANK".

[8] Include for family members if they are the dependent of a retiree and die in a Military Treatment Facility.

[9] If item does not apply to the casualty, do not report the item.

[10] Report item only if casualty was due to hostile actions.

[11] To be included for civilians assigned or deployed OCONUS.

UNCLASSIFIED EFTO

01 03 300947Z JUN 92 00 PP EEEE 1820947

(RELEASING AGENCY)

DA CASUALTY AND MEMORIAL AFFAIRS ALEX VA//TAPC-PEC//

(OTHER ACTION ADDRESSEES REQUIRED BY TABLE 3-1)

INFO (INFO ADDRESSEES REQUIRED BY TABLE 3-1)

UNCLAS E F T O F0U0

SUBJ: CASUALTY REPORT

01. INIT

02. HOSTILE

03. DECEASED

04. 92-00001

07. MILITARY/

08. 000-00-0000

09. DOE/JOHN/HARVEY/

10. BLACK

11. 19650412/LYNN/MA/US

12. SPC

13. RA

14. CO A, 1ST BN, 5TH CAV, 1ST AIR CAV DIV, (3VS974), FT HOOD, TX 76544

15. 11B10

COC, TAPC-PEC, DSN 221-8629

P. WORSHAM, SFC, TAPC-PEC, 5-7990

UNCLASSIFIED EFTO 300947Z JUN 92

Figure 3–1. Sample of Initial (INIT) Casualty Report

UNCLASSIFIED EFTO

02 03 00 PP EEEE 1820947

24. NO

25. LYNN/MA/

28. MR. AND MRS. JAMES R. DOE, (PARENTS) 21ST ST., LYNN, MA 01619

TEL: (508) 788-9999

29. NONE

30. 19890821/19890821

31. AIR

32. ROTOR

33. US GOVT

34. DOOR GUNNER

35. DUTY

36. 19921205/2110

37. PANAMA CITY/XX/PM

38. VISUAL RECON MISSION

39. WHILE FLYING OVER THE OUTSKIRTS OF PANAMA CITY, ENEMY SOLDIERS WERE SIGHTED AND FIRED UPON. ENEMY RETURNED FIRE AND SEVERAL ROUNDS STRUCK SPC DOE, KILLING HIM INSTANTLY.

40. ENEMY

45. NO

46. 19881212/19881212

UNCLASSIFIED EFTO 300947Z JUN 92

Figure 3–1. Sample of Initial (INIT) Casualty Report—Continued

UNCLASSIFIED EFTO

03 03 00 PP EEEE 1820947

47. 06

48. NO

49. ASM, ARCOM, EXP M-16, SS 9MM PISTOL

50. NO

51. 19891201

52. SGT

54. 19911018

55. NO SPOUSE/NO CHILDREN/PAY AUTH JAMES R. DOE/FATHER/100%/PER DD FORM 93

56. NO

57. 19921205/2230

58. /PANAMA CITY/XX/PM

59. MULTIPLE GUNSHOT WOUNDS TO THE CHEST

60. READY

61. NONE

UNCLASSIFIED EFTO 300947Z JUN 92

Figure 3–1. Sample of Initial (INIT) Casualty Report—Continued

UNCLASSIFIED EFTO

01 02 3010012 JUN 92 00 PP EEEE 1821001

(RELEASING AGENCY)

DA CASUALTY AND MEMORIAL AFFAIRS ALEX VA//TAPC-PEC//

(OTHER ACTION ADDRESSEES REQUIRED BY TABLE 3-1)

INFO (INFO ADDRESSEES REQUIRED BY TABLE 3-1)

UNCLAS E F T O FOUO

SUBJ: CASUALTY REPORT

01. STACH

02. HOSTILE

03. RMC

04. 92-00002

05. MIA

06. 92-00001

07. MILITARY/

08. 000-00-0000

09. BAILEY/BARNUM/QUINTON/

28. MR. AND MRS. P.T. BARNUM, (PARENTS) 21 MAIN ST., NEWARK, NJ 01701, TEL: (999) 888-7777

29. NONE

36. 19921222/2215

37. SAN JOSE/XX/PA

COC, TAPC-PEC, DSN 221-8629

P. WORSHAM, SFC, TAPC-PEC, 5-7990

UNCLASSIFIED EFTO 3010012 JUN 92

Figure 3–2. Sample of Status Change (STACH) Casualty Report

UNCLASSIFIED EFTO

02 02 00 PP EEEE 1821001

39. ON 22 DEC 89 DEFENSIVE POSITION ON THE OUTSKIRTS OF SAN JOSE, PANAMA WAS OVERRUN BY ENEMY FORCES. PVT BAILEY WAS STUNNED BY FRAG WOUNDS TO THE HEAD. WHEN HE REGAINED SENSES HIS UNIT HAD ALREADY DEPARTED AREA. AFTER TWO DAYS PVT BAILEY FOUND HIS UNIT AND REJOINED THEM ON THE EVENING OF 24 DEC 89 WHERE HE WAS SEEN IMMEDIATELY BY THE BN SURG.

41. PVT BAILEY WAS DEHYDRATED FROM LACK OF WATER AND HAD FRAG WOUNDS TO THE BACK OF HIS HEAD. TREATED BY BN MEDICAL PERSONNEL AND RETURNED TO DUTY.

61. NONE

UNCLASSIFIED EFTO 301001Z JUN 92

Figure 3–2. Sample of Status Change (STACH) Casualty Report—Continued

UNCLASSIFIED EFTO

01 01 301010Z JUN 92 00 PP EEEE 1821010

(RELEASING AGENCY)

DA CASUALTY AND MEMORIAL AFFAIRS ALEX VA//TAPC-PEC//

(OTHER ACTION ADDRESSEES REQUIRED BY TABLE 3-1)

INFO (INFO ADDRESSEES REQUIRED BY TABLE 3-1)

UNCLAS E F T O FOUO

SUBJ: CASUALTY REPORT

01. SUPP

02. NONHOSTILE

03. VSI

04. 2

05. VSI

06. 92-00001

07. MILITARY/

08. 000-00-0000

09. HARRIS/PETER/JAMES/

13. IATR: RA

61. NONE

COC, TAPC-PEC, DSN 221-8629

P. WORSHAM, SFC, TAPC-PEC, 5-7990

UNCLASSIFIED EFTO 301010Z JUN 92

Figure 3–3. Sample of Supplement (SUPP) Casualty Report

UNCLASSIFIED EFTO

01 02 301014Z JUN 92 00 PP EEEE 1821014

(RELEASING AGENCY)

DA CASUALTY AND MEMORIAL AFFAIRS ALEX VA//TAPC-PEC//

(OTHER ACTION ADDRESSEES REQUIRED BY TABLE 3-1)

INFO (INFO ADDRESSEES REQUIRED BY TABLE 3-1)

UNCLAS E F T O FOUO

SUBJ: CASUALTY REPORT

01. PROG

02. HOSTILE

03. VSI

04. 2

05. VSI

06. 92-00001

07. MILITARY/

08. 000-00-0000

09. JAMES/JOHN/ROBERT/

28. MRS. JUANITA L. JAMES, (SPOUSE), 108 RICHARDSON AVE, RED SPRINGS, NC 28377 TEL: (919) 843-5774

29. NONE

44. STALE/STILL VIS: PD OF HOSP-UNK: PROG-GOOD: MORALE-GOOD: DIET-IV'S: AMB-NO: EVAC NOT CONTEMPLATED AT THIS TIME.

COC, TAPC-PEC, DSN 221-8629

P. WORSHAM, SFC, TAPC-PEC, 5-7990

UNCLASSIFIED EFTO 301014Z JUN 92

Figure 3–4. Sample of Progress (PROG) Casualty Report

UNCLASSIFIED EFTO

02 02 00 PP EEEE 1821014

61. NONE

UNCLASSIFIED EFTO 301014Z JUN 92

Figure 3–4. Sample of Progress (PROG) Casualty Report—Continued

UNCLASSIFIED

01 01 301021Z JUN 92 00 PP UUUU 1821021

(RELEASING AGENCY)

DA CASUALTY AND MEMORIAL AFFAIRS ALEX VA//TAPC-PEC//

(OTHER ACTION ADDRESSEES REQUIRED BY TABLE 3-1)

INFO (INFO ADDRESSEES REQUIRED BY TABLE 3-1)

UNCLAS

SUBJ: JOINT SERVICE CASUALTY ALERT MESSAGE (REPORT)

1. (PROVIDE BRIEF CIRCUMSTANCES OF INCIDENT DTG AND LOCATION).

2. (PROVIDE TOTAL NUMBER OR ESTIMATED NUMBER OF PERSONNEL INVOLVED BY SERVICE, CASUALTY STATUS, DECEASED, MISSING, DUSTWUN, VSI/SI OR MINOR INJURIES).

3. (PROVIDE NAME OF POINT OF CONTACT AND TELEPHONE NUMBER ON OR NEAR LOCATION OF INCIDENT).

4. (PROVIDE ANY ADDITIONAL INFORMATION ONLY IF READILY AVAILABLE)

A. DECEASED/MISSING/DUSTWUN: PROVIDE NAME, RANK, SSN, UNIT, EXTENT OF INJURIES, CONDITION AND LOCATION OF REMAINS.

B. INJURED: PROVIDE NAME, RANK, SSN, UNIT, EXTENT OF INJURIES, CONDITION AND PROGNOSIS, PLACE OF HOSPITALIZATION.

COC, TAPC-PEC, DSN 221-8629

P. WORSHAM, SFC, TAPC-PEC, 5-7990

UNCLASSIFIED 301021Z JUN 92

Figure 3–5. Sample of Joint Service Casualty Alert Message

Chapter 4
Casualty Notification

Section I
Establishing the Next of Kin and Responsibility for Notification

4–1. Line of succession to establish next of kin

a. Primary next of kin (PNOK). The person most closely related to the casualty is considered the PNOK for casualty notification and assistance purposes. This is normally the spouse of married persons and the parents of single individuals who have no children. The precedence of next of kin with equal relationships to the individual is governed by seniority (age). The rights of minor children shall be exercised by their parents or legal guardian. The following order of precedence is used to identify the PNOK.

(1) Spouse, even if a minor.

(2) Natural, adopted, step and illegitimate children (if acknowledged by the member or paternity or maternity has been judicially decreed).

(3) Parents, unless legal exclusive (sole) custody was granted to a person by reason of a court decree or statutory provision.

(4) Person standing in loco parentis.

(5) Persons granted legal custody of the member by a court decree or statutory provision.

(6) Brothers and sisters to include half-blood and those acquired through adoption.

(7) Grandparents

(8) Other relatives in order of relationship to the individual according to the laws of the deceased's state of domicile.

(9) If no other persons are available, the Secretary of the Military Department may be deemed to act on the behalf of the individual.

b. Secondary next of kin (SNOK). The SNOK is any NOK other than PNOK.

c. Adult next of kin (ANOK). The ANOK is normally the adult who is highest in the line of succession listed in *a* above. Normally, to be considered an ANOK, a person must have reached the age of 18, but a spouse who is a minor will be considered as the ANOK.

4–2. Responsibility for notification

a. As indicated in chapter 1, the primary responsibility for notifying the NOK rests with one of the persons listed below when the casualty occurs in their area of responsibility.

(1) Casualty area commander.

(2) Major overseas commander.

(3) Senior Army representative.

(4) State Adjutant General (for ARNG soldiers who die while not in an AD status).

b. When the death occurs in a CAC's area but the NOK resides in another CAC's area, the casualty information required to make personal notification will be transmitted telephonically between the two concerned CACs.

c. When the casualty occurs in CONUS and the NOK resides OCONUS, the casualty information needed to notify the NOK will be sent by immediate message to CDR, PERSCOM (TAPC–PEC). CDR, PERSCOM will then assume responsibility for notifying the NOK residing OCONUS and for requesting disposition instructions for the remains. (See AR 638–2 (Care and Disposition of Remains and Disposition of Personal Effects) for information on sending these disposition instructions to the installation concerned.)

d. When the casualty occurs OCONUS and the NOK resides in CONUS, the responsible CAC or senior Army representative, as appropriate, will send the casualty report by immediate message to CDR, PERSCOM (TAPC–PEC). CDR, PERSCOM will then assume responsibility for notifying the NOK.

e. When the casualty occurs in one overseas command and the NOK resides in a different overseas command, the CAC or senior Army representative in the command where the casualty occurred will send the casualty report by immediate message to CDR, PERSCOM (TAPC–PEC). CDR, PERSCOM will then assume responsibility for notifying the next of kin and for requesting disposition instructions for the remains. (See AR 638–2 for information on sending these disposition instructions to CDR, PERSCOM (TAPC–PEC–D) ALEX VA 22331–0481.)

f. When 4 hours have lapsed with no indication that the NOK has been notified, a telephonic report to CDR, PERSCOM (TAPC–PEC), from the commander responsible for notification, will explain the reason for the delay and describe those actions that have been initiated to preclude further delays. The time limits established for notification may have to be adjusted due to distances involved or other conditions, such as adverse weather.

Section II
Death Notifications

4–3. Manner of notification

a. The NOK will be notified promptly in an appropriate, dignified and understanding manner by a uniformed service representative. Personal notification will be made to the PNOK and SNOK of all deceased and missing persons for whom casualty reports are required (para 2–1), except for the NOK of separated, retired, or discharged personnel (para 2–1*k* and *l*). The NOK of personnel in paragraph 2–1*k* and *l*, are normally the persons that report the casualty. Personal notification will be made to the PNOK of separated and retired personnel when these personnel become a casualty overseas and the PNOK is located in CONUS or vice versa.

b. Personal notification.

(1) The PNOK, children not residing with the PNOK, children by a previous marriage, parents, and other persons listed on the DD Form 93 will be personally notified. If the sponsor and family member become casualties at the same time and are unable to express their desires, the NOK of the family member and sponsor will be personally notified.

(2) The PNOK will always be notified first unless all efforts to contact him or her have been unsuccessful. Then the SNOK will be personally notified and asked the whereabouts of the PNOK.

(3) The SNOK who resides near the PNOK will be personally notified by the same representative.

c. Deviations from prescribed procedures. It is important that the NOK be spared the shock of learning unofficially of the casualty through public information sources. Therefore, the following deviations will apply, but only after receiving concurrence from CDR, PERSCOM (TAPC–PEC).

(1) When the danger exists that specific casualty information may be released by the news media before the NOK can be personally notified (due to time and distance), the commander responsible for notification may make exceptions to ensure the NOK are notified. These exceptions may include lifting the restriction on hours for notifications (para 4–10), or using the telephone or telegram for notification.

(2) When there is a strong likelihood that the NOK may learn of the casualty through unofficial sources because of the delay in the official report, the responsible commander may approve telephonic or other means of notification to the NOK.

(3) When a casualty dies in a hospital, the hospital commander will follow the notification procedures prescribed by the NOK, if present at the time of death.

d. Adverse medical reaction caused by notification. Should a NOK suffer an adverse medical reaction that is directly attributable to a casualty notification, PROG reports will be required.

(1) If a NOK is hospitalized, a daily status report will be required until the person is released or until CDR, PERSCOM advises otherwise.

(2) If a NOK is treated by a physician, but remains at home, a one-time status report will be required within 24 hours. Should the NOK's condition worsen and hospitalization becomes necessary, daily status reports will be submitted as in (1) above.

e. Action when the NOK cannot be determined or located. If there is no record of a person to be notified and the NOK cannot be determined locally, any information that may help in finding the NOK will be immediately relayed to CDR, PERSCOM (TAPC–PEC).

f. Conflicting evidence. If after notification, evidence is presented that casts doubt on a report of death or missing status (such as a letter from the person dated after the date of death or the casualty incident), an immediate telephonic inquiry through casualty reporting channels will be made and confirmed by electrical message. The command in which the casualty occurred will verify the person's status and will provide an explanation through casualty reporting channels. The NOK will be advised personally of the results of the inquiry.

g. Identifying NOK to be notified. The casualty has on file a completed DD Form 93 listing certain NOK. These NOK will be notified if the casualty dies, is missing, or is unable to express his or her desires after becoming ill. However, if the casualty is SI or VSI and is responsive, he or she should be asked whether those NOK listed on the DD Form 93 should be notified. Unless circumstances indicate otherwise, the casualty's desires will be followed.

4–4. Communicating information related to NOK notification

a. Method of communication.

(1) *In CONUS.* Telephones will be used exclusively to hasten the dissemination of casualty notification information to and from PERSCOM, CACs, and CONUS installations. Defense Switch Network (DSN) or Defense Data Network (DDN) will normally be used; however, if delays are experienced, commercial facilities will be used.

(2) *Overseas areas.* Telephones will be used between commanders, when possible, to ensure rapid dissemination of casualty notification information. Electrically transmitted messages may be used when telephonic communication is not available.

b. Proofing casualty information. During telephonic communications, the receiver of the information will read it back and spell phonetically the names and addresses to prevent errors.

4–5. Confirming personal notification

Personal notification will be promptly confirmed to the NOK of active duty soldiers (paragraph 2–1, *a–g* and Department of the Army civilian/contract personnel. The NOK will be notified by a commercial telegram/mailgram (figures 4–1 and 4–2) except when the PNOK was physically present at the place of death.

a. The CDR, PERSCOM will send the NOK residing in CONUS (excluding Alaska and Hawaii) confirming telegram/mailgram upon receiving:

(1) Verification/confirmation from the Casualty Area Command that the NOK has been personally notified.

(2) A confirmed 45 days address for the NOK.

b. A confirming message to the NOK will not be delayed, except when parents live together and only one parent has been personally notified. In these instances, since only a single confirming telegram is sent, it will be delayed until the other parent has been notified.

c. In overseas areas, confirming messages will be mailed by the Casualty Area Command responsible for the notification to the NOK residing OCONUS (includes Alaska and Hawaii). These messages may be sent by a certified or similarly controlled letter signed by the responsible commander or a designated representative.

4–6. Written notification to the secondary next of kin

When the sponsor of a deceased child wants his or her in-laws or grandparents notified of the death, or when the SM specifically asks that a person be notified other than the PNOK or those listed in paragraph 4–3g, notification will be made by telegram, mailgram, or certified or similarly controlled letter. In overseas areas where no dependable commercial telegram system exists, a certified or similarly controlled letter will be sent. The commander or the commander's designated representative will sign this letter.

4–7. Selecting casualty notifiers

a. The casualty notifier represents the Secretary of the Army. The notifier will be expected to be courteous, helpful, and compassionate towards the NOK while performing this sensitive mission. Casualty notification may create any number of possible emotional responses and will reflect the Army's concern for it's personnel, their dependents, and their NOK.

b. With few exceptions (para 4–7*d*) all officers, warrant officers, and senior noncommissioned officers (sergeant first class through command sergeant major) may be used to notify NOK. This group includes Army personnel assigned to DOD or joint agencies and activities, USAR advisors ARNG advisors and ROTC instructors.

c. Whenever possible, officers will be used to represent the Secretary of the Army and personally notify NOK. Whenever officers are not available, senior noncommissioned officers will be used. The rank of the notifier should, whenever possible, be equal to or higher than the rank of the casualty. Whenever the PNOK is also a soldier, the rank of the notifier will be equal to or higher than the rank of the PNOK's.

d. The personnel listed below may not be used as notifiers.

(1) Persons assigned to the U.S. Army Recruiting Command. (Exempt from personal notification only).

(2) Persons assigned to the U.S. Army Military Entrance Processing Command. (Exempt from personal notification only).

(3) Students at military or civilian schools.

(4) Military intelligence personnel and other personnel whose duties do not require them to wear a uniform.

(5) Chaplains (precluded by AR 165–1). However, this policy does not preclude chaplains from accompanying the notifier to provide solace to the bereaved NOK when needed.

(6) Members of the Army Medical Corps. They may, however, notify the NOK when they and the NOK are both present at the place of death. However, these members will not be used otherwise in the personal notification system, except under unusual circumstances or as outlined in paragraph 4–16.

4–8. Notification information

The notifier will pass to the NOK the information contained in items 31 through 44 of the casualty report. However, judgment will be exercised to preclude passing gory or embarrassing details. Notification to the PNOK of a casualty who is brain dead will occur as a normal deceased notification. However, the notifier will tell the PNOK that they will be receiving a call from the medical treatment facility concerning the casualty. The notifier WILL NOT discuss organ or tissue donation with the PNOK; that responsibility rest with qualified MTF personnel. When additional information is required (such as the unknown address of another NOK), the initial notifier will attempt to obtain the required data.

4–9. Special handling of notification involving NOK with a known medical condition

If a NOK has a known medical condition and could require the presence of a physician during notification, the following guidelines apply—

a. The family physician should be consulted first, and notification should be made in the manner recommended by him or her. The family physician may accompany the notifier. If the family physician cannot be identified, any physician licensed to practice in the area where notification is to be made may accompany the notifier. If the physician indicates a fee will be submitted for services, this will be paid from local installation funds.

b. An Army physician will not accompany the notifier in these cases. However, an Army physician may be consulted for advice if he or she has been treating the person to be notified.

4–10. Hours of notification

Notification will be made with urgency. Except when the NOK is physically present at the place of death, personal notification will be made during the local time periods from 0600 hours to 2200 hours. Exceptions to this time must be approved by PERSCOM. CACs will

maintain the capability to report and coordinate notification duties on a 24-hour-a-day, 7-day-a-week basis. Casualties that occur during non-notification hours will be reported and notifiers will be briefed/dispatched so that notification can take place at 0600 hours. Our intent is to notify the NOK while at home, not while on the job. Notifiers who depart after 0600 normally find that the NOK has already departed.

4–11. Rules for making notification to the NOK of a casualty

a. Primary and secondary next of kin (PNOK/SNOK), and any other person listed on the DD Form 93, will be personally notified by a uniformed service representative in all death and missing cases.

b. Notification will be made as a matter of highest priority, taking precedence over all other responsibilities.

c. If the NOK to be notified are not fluent in the English language, a qualified linguist will accompany the notifier, if available. The linguist should be instructed to interpret only what is spoken between the notifier and the NOK.

d. The PNOK will always be notified first. If the PNOK cannot be located, then SNOK will be notified and queried as to the location of the PNOK.

e. Get a valid 45-day address for the NOK to ensure proper delivery of the confirming telegram and other correspondence. If you cannot get an address, report this to the headquarters directing the notification. The 45-day address is that address at which the NOK expects to be available; its purpose is to have a "permanent" address for time-sensitive contact (for example, mailing of Government claim forms and death certificates; requesting disposition instructions for remains; or shipment of personal effects).

f. After making notification, locate the nearest telephone and call the CAC to confirm that the notification has been made. This must be accomplished immediately after leaving the premises where notification was effected.

4–12. Steps for making casualty notification

The steps required for making notification to the NOK of a casualty are shown in table 4–1.

Table 4–1
Casualty notification

Step	Work center	Required actions
1	CAC	Determine to whom notification must be made
2	CAC	In death and missing cases, appoint a casualty notification officer
3	CAC	Coordinate with other casualty area commands and/or CDR, PERSCOM (TAPC–PEC) as necessary to effect notification outside of your geographical area of support or OCONUS.
4	CAC	Provide person appointed as casualty notification officer the names and addresses of person(s) to be notified, and the facts and circumstances surrounding the casualty incident. Instruct casualty notification officer that notification will only be accomplished during the hours of 0600 and 2200 unless otherwise directed by proper authority. Instruct notifier to obtain the correct spelling of names and a confirmed 45 day address for the PNOK/SNOK. After notification is accomplished this information will be passed immediately to the CAC. In death and missing cases, instruct notifier to call the CAC as soon as possible to confirm that notification is completed.
5	CAC	In other than death or missing cases ensure that notification is accomplished by responsible military authorities or by CDR, PERSCOM, (TAPC–PEC) when notification is required overseas from the casualty incident.
6	CAC	In death and missing cases ensure that notification is accomplished to the PNOK before attempting notification to the SNOK.
7	CAC	In death and missing cases when the PNOK cannot be located, authorize notification to the SNOK first in order to possibly locate the PNOK.
8	CAC	If required, prepare and dispatch commercial telegram/mailgram confirming personal notification in death and missing cases. See figures 4–1 and 4–2.
9	CAC	File copy of confirmation telegram/mailgram in casualty file and mail copy to CDR, PERSCOM (TAPC–PEC).

Notes:
Personal notification will be continue during hostilities until such time as modified by CDR, PERSCOM (TAPC–PEC).

4–13. Do's and don'ts for making personal notification

Your alertness to the needs of the NOK at this trying time will help maintain a good rapport with the NOK.

a. Do's.

(1) Present a soldierly appearance. You will wear the Class A uniform.

(2) Call on the NOK promptly after receiving casualty information. Confirm with your CAC before meeting with the NOK to determine whether unofficial notification has or has not taken place. (The visit should take place between 0600 and 2200 hours local time unless otherwise directed.)

(3) Make the visit as inconspicuously as possible without calling undue attention to the unusual presence of the military.

(4) When notifying, be as natural as possible in speech, manner, and method of delivery. Furnish the NOK essentially the following information—

(a) For death cases. "The Secretary of the Army has asked me to express his deep regret that your (relationship; son, John or husband, Edward; etc.) (died/was killed in action) in (country/state) on (date). (State the circumstances.) The Secretary extends his deepest sympathy to you and your family in your tragic loss."

(b) For suspected friendly fire death cases. "The Secretary of the Army has asked me to express his deep regret that your (relationship) (died/was killed in action) in (country) on (date). (State the circumstances). His/her death is a result of suspected friendly fire. A formal investigation is being conducted. You will be further advised as additional information is received. The Secretary extends his deepest sympathy to you and your family in your tragic loss."

(c) All casualties do not involve death. There are times when a soldier is missing. For example, he or she goes boating with friends and falls overboard. Friends may have seen the individual fall overboard but may be unable to further account for what happened to him or her. You may have to tell the NOK when the victim was last seen, the known facts, that the soldier is unaccounted for, and "believed to be" a casualty. For missing cases: "The Secretary of the Army has asked me to inform you that your (relationship; son, John or daughter, Janet; etc.) has been reported (DUSTWUN/Missing/Missing in action) in (country/state) since (date). (State the circumstances.) When we receive more information, you will be promptly notified. The Secretary extends his deepest sympathy to you and your family during this trying period."

(5) Be alert for any adverse reaction to the news. If there seems to be no other adult member of the family at home and the news produces a shock, it may be helpful for someone to be with the NOK. If so, ask, "Is there anything I can do?" In case of severe reaction say, "May I call someone or ask a neighbor to step in?" Its recommended

to have on hand the name of the local hospital and the telephone numbers for the local ambulance service and fire department rescue squad.

(6) Use good judgment by not passing gory or embarrassing details.

(7) Inform the PNOK of a later visit by a CAO; however, do not specify the date or time of that visit.

(8) State that within 24 hours NOK (CONUS only) will receive a confirming telegram or mailgram of the information you have passed to her or him. Verify the NOK's complete name, telephone number, and 45-day mailing address at this time.

(9) In death cases, unless otherwise instructed, take the following action—

(a) If remains have been recovered, tell the NOK that the CAO will present them with information concerning burial entitlements and assist them in making burial arrangements. In the case of SNOK, tell them that the CAO will assist PNOK in making burial arrangements.

(b) If remains were not recovered, tell the NOK how memorial services are conducted.

(c) Advise the NOK (if asked) that the normal time for return of remains from an overseas area to final destination is 7 to 10 days and 3 to 4 days to destination for remains within CONUS.

(10) If the NOK is not at home, get help from neighbors, friends, clergy, postmaster, or the police if necessary. Take care not to disclose the full purpose of your mission except to the NOK. If the NOK's absence is temporary, you may await their return or go in search for them as appropriate. If the NOK is out of town and not expected to return shortly, pinpoint the exact location. If it is within a reasonable distance, carry out the visit. If not, redirect action at once by telephone through the casualty reporting chain-of-command. Once notifying actions begin, it must be continued until completed.

(11) Inform the PNOK that personal notification will be made to the SNOK.

(12) Inform the SNOK that the PNOK has already been informed. (Make sure PNOK is notified first unless otherwise directed by the CAC.)

(13) Inform the PNOK that a letter, which will give more details, will be coming from the soldier's commander.

(14) Call the CAC as soon as notification has been made from the nearest phone away from the residence of the NOK.

b. Don'ts.

(1) Do not notify PNOK by telephone unless you have prior authorization from HQDA or unique circumstances dictate spontaneous telephonic release (for example, VSI just died and family calls for status update).

(2) Do not call for an appointment prior to making the initial personal notification.

(3) Do not hold your notes or a prepared speech in hand when approaching the residence of the PNOK.

(4) Do not disclose your message except to the NOK concerned.

(5) Do not leave word with neighbors or other persons to have the NOK call you.

(6) Do not speak hurriedly or continuously refer to notes when talking to the NOK.

(7) Do not use code words or acronyms which may have been used in the casualty report.

(8) Do not touch the NOK in a manner that may be misunderstood. If the NOK faints or has an extreme emotional response, assist the NOK as required and request appropriate assistance.

(9) Do not discuss entitlements for death cases at this time. If asked, advise the NOK that you are not knowledgeable in this field and that a CAO will be assigned to discuss such matters. If you are the CAO, inform the NOK that you will return later to discuss all details.

(10) Do not discuss disposition of remains or personal effects at this time.

(11) Do not inform the SNOK that they will receive a visit from a CAO.

(12) Do not commit your organization or HQDA to carrying out an action or obtaining some information by a given time. All requests for information or other assistance will be forwarded promptly to the proper agency or through the casualty reporting chain-of-command.

(13) Do not stop in taverns or similar places before visiting with the NOK. This will avoid having "liquor on your breath."

(14) Do not initiate any discussion of autopsies or investigations. (See appendix E for more information on this area.)

Section III
Other Casualties Requiring Notifications

4–14. Hospitalized cases requiring notification

The NOK of the following categories of wounded, injured or ill personnel will be notified.

a. VSI (very seriously ill or injured).

b. SI (seriously ill or injured).

c. SPECAT (special category).

d. NSI (not seriously injured or ill) as a result of Hostile action.

e. NSI (Not Seriously injured or ill) as a result of Non-Hostile actions but subject to special interest.

4–15. Responsibility for notification

a. Primary responsibility for notification rests with the officials listed below—

(1) In CONUS (includes Alaska and Hawaii), it rests with the commander of the military medical facility in which the casualty is located, or with the military medical facility commander having administrative responsibility for the nonmilitary medical facility in which the casualty is located.

(2) In overseas commands, it rests with the commander of the major overseas command within whose area of responsibility the casualty is located.

(3) In other areas, it rests with the senior Army representative.

b. When the responsible hospital commander cannot notify the NOK, the casualty information will be relayed to the CAC. The CAC will send a casualty report by immediate message to CDR, PERSCOM (TAPC–PEC). CDR, PERSCOM (TAPC–PEC) will then assume responsibility for notifying the NOK when the casualty occurs in—

(1) CONUS and the NOK to be notified resides outside CONUS, or vice versa.

(2) An overseas command and the NOK to be notified resides in a different overseas command.

4–16. Methods of notification

a. When a person is in a military hospital and classified as VSI, personal notification of the PNOK by the attending physician or appropriate professional members of the hospital staff is encouraged. Sometimes weather, time, distance, and limited resources will require the use of the telephone. In cases where the PNOK is not located nearby, a commercial telegram will be sent from the nearest access point to accomplish initial notification.

b. If a newsworthy person is hospitalized and it is possible that the PNOK may learn of the incident through other than official sources, notification will be made by the quickest means.

4–17. Notification desires of the casualty victim

a. Since notification normally will not be made to the NOK of persons listed as "NSI", treated and returned to duty, these persons may elect, at the time of treatment, to have their NOK officially notified. When this option is exercised, a statement to that effect will be included in the remarks section of the casualty report.

b. A person may list on his/her DD Form 93 the NOK that are not to be officially notified when the person becomes a casualty. New versions of the DD Form 93, specifically ask the soldier whether or not he/she wants the NOK notified should he/she become NSI. Unless circumstances dictate otherwise, the casualty's desires will be followed.

4–18. Notification information

The NOK will be notified of the information contained in items 31 through 44 of the casualty report. All facts should be fully disclosed to lessen the concern and anxiety of the NOK. Required SUPP reports and notifications, including PROG reports, will be provided. In addition, CDR, PERSCOM (TAPC–PEC) or the commander responsible for notification will provide the NOK with the telephone number of the responsible office where additional information may be obtained.

4–19. Report of casualty

DD Form 1300 (Report of Casualty) is the official certificate of death issued by CDR, PERSCOM, (TAPC–PEC). Ten copies of the form are sent to the PNOK. This form may be used for any matter where proof of death is required (see fig 4–3).

Figure 4–1. Sample of a Mailgram to PNOK

*ZIP 22222
MRS. ANNA B. AMERICA
1234 BLUEBIRD STREET
SMALLTOWN, VA 22222
*VTX

DEAR MRS. AMERICA:

THIS CONFIRMS PERSONAL NOTIFICATION MADE TO YOU BY A REPRESENTATIVE OF THE SECRETARY OF THE ARMY, THAT YOUR (RELATIONSHIP) (RANK AND NAME), DIED AT HONOLULU, HAWAII ON AUGUST 31, 1993. ANY QUESTIONS YOU MAY HAVE SHOULD BE DIRECTED TO YOUR CASUALTY ASSISTANCE OFFICER. PLEASE ACCEPT MY DEEPEST SYMPATHY IN YOUR BEREAVEMENT.

SIGNED: COLONEL M.T. SPINELLO, DIRECTOR, CASUALTY AND MEMORIAL AFFAIRS OPERATIONS CENTER, PERSCOM, ATTN; TAPC-PEC, 2461 EISENHOWER AVE, ALEXANDRIA, VA 22331-0481
*END NNNN

Figure 4–2. Sample of a Mailgram to SNOK

*ZIP 12345
MRS. ANNA L. AMERICA
1245 CARRIAGE HOUSE STREET
SMALLVILLE, VA 12345
*VTX

DEAR MRS. AMERICA:

THE SECRETARY OF THE ARMY HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR (RELATIONSHIP), (GRADE AND NAME), DIED IN (LOCATION OF CASUALTY) ON (DATE), AS A RESULT OF (STATE THE CAUSE AND CIRCUMSTANCES). PLEASE ACCEPT MY DEEPEST SYMPATHY. THIS CONFIRMS PERSONAL NOTIFICATION MADE BY A REPRESENTATIVE OF THE SECRETARY OF THE ARMY.

SIGNED: M.T. SPINELLO, DIRECTOR, CASUALTY AND MEMORIAL AFFAIRS OPERATIONS CENTER, PERSCOM, ATTN: TAPC-PEC, 2461 EISENHOWER AVE, ALEXANDRIA, VA 22331-0481
*END NNNN

REPORT OF CASUALTY	DEPARTMENT OF THE ARMY ALEXANDRIA, VIRGINIA 22331-0481	REPORT CONTROL SYMBOL FM&P(AR)1664

1. REPORT NUMBER	2. REPORT TYPE	3. DATE PREPARED
92-000	Final Report	25 AUG 92

4. SERVICE IDENTIFICATION

a. NAME (Last, First, Middle and Suffix)	b. SOCIAL SECURITY NUMBER	c. GRADE / RANK / RATE	d. OCCUPATION CODE
Doe, John Ho	999-99-9999	CSM	18C50

e. COMPONENT	f. BRANCH	g. ORGANIZATION
Regular Army		Co B, 3rd Bn, 5th SFG(A) Fort Bragg, NC 28307

5. CASUALTY INFORMATION

a. TYPE	b. STATUS	c. CATEGORY	d. DATE OF CASUALTY	e. PLACE OF CASUALTY
Nonhostile	Deceased	None	25 AUG 92	Fayetteville, NC

f. CAUSE AND CIRCUMSTANCES
Result of injuries received while a driver of a privately owned vehicle that was involved in an accident.

g. DUTY STATUS	h. FLIGHT STATUS	i. BODY RECOVERED
Active: Off Duty	Not Applicable	Yes

6. BACKGROUND INFORMATION

a. DATE OF BIRTH	b. PLACE OF BIRTH	c. COUNTRY OF CITIZENSHIP
1 JAN 45	Alexandria, VA	US

d. RACE	e. ETHNIC GROUP	f. SEX	g. RELIGIOUS PREFERENCE
White	None	Male	No Religious Preference

7. ACTIVE DUTY INFORMATION

a. PLACE OF ENTRY	b. DATE OF ENTRY	c. HOME OF RECORD AT TIME OF ENTRY
	12 AUG 75	Alexandria, VA

d. DATE TOUR COMMENCED	e. PRIOR SERVICE INFORMATION	f. RECORD OF EMERGENCY DATA FORM DATE
6 NOV 92	Yes	6 JUN 90

8. PAY INFORMATION

a. PAY GRADE	b. BASIC PAY	c. INCENTIVE / ADDITIONAL PAY (State type)
E-8	$2,329.80	$150.00 Parachute Pay

9. INTERESTED PERSONS (Name, Address, and Relationship)

Molly M. Doe, 9990 Bragg Blvd, Fayetteville, NC 28307 (Wife 1,2,3)
Mary Z. Doe, 9999 Benning Dr, Alexandria, VA 22331 (Mother)
Drill A. Doe (Father) deceased

10. REMARKS (Continue on separate sheet, if necessary)
MSG John H. Doe was posthumously promoted to the grade of Command Sergeant Major, E-9, as of 25 August 1992, under provisions of Public Law 680, 77th Congress, as amended. Pay grade shown in item 8a is that of E-8 since additional pay is not involved.

FOOTNOTES FOR ITEMS 9 AND 10
1 Adult next of kin.
2 Beneficiary for gratuity pay in event there is no surviving spouse or child - as designated on record of emergency data
3 Beneficiary for unpaid pay and allowances - as designated on record of emergency data.

11. REPORTING INFORMATION

a. COMMAND AGENCY	b. DATE RECEIVED	c. REPORT FOR VA TO FOLLOW
Cdr, XVIII Abn Corps, Ft Bragg, NC	26 AUG 93	No

12. DISTRIBUTION	13. SIGNATURE ELEMENT
BRAGG	BY ORDER OF THE SECRETARY OF THE ARMY:

DD Form 1300, NOV 91 *Previous editions are obsolete.* *U.S. GPO: 1993-342-027/80452

Figure 4–3. Sample of a completed DD Form 1300 (Report of Casualty)

Chapter 5
Preparation and Dispatch of Letters of Sympathy, Condolence and Concern

Section I
Letters of Sympathy

5–1. Description of letters of sympathy

Letters of sympathy are designed to extend expressions of sympathy to the PNOK. They are also an instrument that commanders or supervisors may use to advise the PNOK of the factual, detailed circumstances surrounding the person's death or missing status. AR 25–50 is the primary reference for preparing correspondence, when preparing letters of sympathy, the following guidance will be observed—

a. A letter of sympathy will be sent to the PNOK of all deceased military soldiers, including those in an AWOL status, except for those mentioned in *c* below. A letter of sympathy will also be sent to the PNOK of all DA civilians assigned or deployed overseas, who are CONUS in a TDY status, or who become a casualty in support of contingency operations. The CDR, PERSCOM (TAPC–PEC) will determine whether to send a letter to the PNOK of deserters.

b. A letter will be sent to the parents when they are not the PNOK. If they are separated or divorced, individual letters will be prepared and sent to each parent.

c. Letters of sympathy will not be prepared for any NOK who, by his or her presence or through some appropriate source, is fully aware of the circumstances surrounding the casualty. In such cases, a letter of condolence will be prepared (para 5–6).

d. The letter of sympathy normally will be prepared by the individual or commander most knowledgeable of the facts concerning the person and the circumstances surrounding the casualty incident. The initiator will usually be the individual's supervisor or unit commander (company, battery, troop, or detachment). However, circumstances may require or even dictate that the letter be written by someone other than the commander as outlined below.

(1) When an individual dies or becomes missing while in a transient status, the commander responsible for the location where the incident occurred will prepare the letter of sympathy.

(2) When an individual dies in CONUS subsequent to evacuation from an overseas medical facility, the letter of sympathy will be prepared by the commander of the medical facility where the death occurred. If death occurred in a nonmilitary medical facility, the commander having administrative responsibility for that area will prepare the letter of sympathy.

(3) When an individual who is being medically evacuated dies while enroute to a CONUS medical facility, the commander of the losing overseas medical facility will prepare the letter of sympathy.

e. Should the NOK express a desire to receive a letter of sympathy from the decedent's previous unit commander, this information should be relayed to CDR, PERSCOM (TAPC–PEC) for action.

5–2. Procedures for preparing letters

a. When the casualty occurs in CONUS, a letter of sympathy will be written within 24 hours after notification to the PNOK. The letter will be dated when prepared. However, it will not be mailed until confirmation has been obtained that the NOK has been notified. The preparing commander will coordinate the mailing with the appropriate CAC to ensure that all aspects of the letter are proper and correct.

b. When the casualty occurs outside of CONUS, the letter will be written within 24 hours after the time of the incident or the time the INIT casualty report is submitted. The letter will be undated when prepared and will not be sent until confirmation is received that the PNOK has been notified. Upon confirmation of notification, the letter will be dated and sent. If this confirmation has not been received within 48 hours after the INIT casualty report is submitted, a telephonic or electronic inquiry will be made to the CDR, PERSCOM (TAPC–PEC) regarding the status of the notification action. Before the letter is sent, the preparing commander will coordinate with the CAC to ensure that all aspects of the letter are proper and correct.

c. See AR 385–95 for the procedures to be followed if the death or missing status resulted from an aircraft accident.

5–3. Content of letters.

Keep letters sincere and in simple language. Show a warm personal interest in the soldier and the addressee. Extend condolences and describe the circumstances surrounding the soldier's death or missing status. Further details on content are given below. (Sample letters of sympathy are shown in figs 5–1 and 5–2).

a. Tell the circumstances factually, tactfully, sympathetically, and logically. Besides supplying enough facts to answer questions that the family would normally ask, give pertinent facts that would in some way comfort the NOK. These facts may include saying the soldier did not suffer, the soldier received the last rites of his or her faith, and memorial services were held. When appropriate, information concerning the soldier's work and efficiency and his or her adaption to service life may be added. A statement about the collecting, safeguarding, and disposing of the soldier's personal effects may be included, provided the NOK is informed that the effects will be sent to the person authorized by law to receive them. Avoid unfitting compliments and ghastly descriptions. Do not send photographs depicting casualties. Photographs and a tape recording of the memorial services may be included.

b. In cases of death from hostile action and cases of missing in action, provide facts describing the combat operation or action and other circumstances concerning the soldier's status, when security restrictions permit. Include details concerning the date, geographic location, and type of action. Carefully describe how the incident occurred and, if appropriate, show that medical aid was immediately available. State what the combat action accomplished if significant results were obtained, and describe the contribution of the soldier in this and other actions.

c. Ensure when describing a missing case to avoid statements that will cause the NOK to lose all hope for the soldier's return. Also take care to keep the NOK from becoming overly optimistic about the soldier's return.

d. Ensure that information in the letter does not conflict with data previously provided in a casualty report.

e. Do not state that the soldier is being or has been recommended for a posthumous promotion, decoration, or award.

f. Ensure that letters to members of the same family agree on circumstances surrounding the casualty, but change them somewhat so each is personalized.

g. When full and accurate details cannot be furnished to the NOK until a thorough investigation or inquest has been conducted, prepare an interim letter of sympathy.

(1) Interim letters should be sent every 4 to 6 weeks, giving whatever facts are available; send letters sooner if significant facts are developed. Advise the NOK that they will be informed as soon as the full facts are known. CAC and major overseas commanders will ensure that these follow up letters are sent promptly for death cases. CDR, PERSCOM (TAPC–PEC) will keep the family informed of the facts on missing persons.

(2) When no additional facts are available and it cannot be determined when such facts will become available through investigations, interim letters of sympathy will no longer be required. However, in the last interim letter, a paragraph should be included assuring the NOK that they will be notified immediately upon receipt of any additional facts.

h. Do not use terms or abbreviations that are used predominately by the military. (For example, 1300 hours should be expressed as 1:00 P.M.). Avoid the use of the terms "line of duty" and "misconduct." Writers and reviewers will make certain that the details given in each case agree with the findings of an investigation, if one was conducted.

i. In cases of homicide or suicide, include a brief, carefully worded statement of the circumstances of death. Write this statement so that the addressee will not misconstrue the cause and manner of death. Be factual about the cause of death, but do not supply information that will reflect unfavorably on the decedent unless required to explain the cause of death.

j. Do not include statement(s) that might be the basis for a claim against the Government or another agency or person. Also, avoid disclosing information that is prohibited by security regulations.

5–4. Reviewing the letters

The CAC will ensure that all letters of sympathy are reviewed for compassion, clarity, accuracy, and completeness before they are sent.

Section II
Letters of Condolence and Concern

5–5. Description of condolence letters

Letters of condolence are used to convey condolence on a soldier's death from a higher level of command; however, they will not describe the circumstances surrounding the death. (A sample letter of condolence is shown at fig 5–3).

5–6. Preparation of condolence letters

a. Commanders who would normally send a letter of sympathy will send a letter of condolence when the NOK —

(1) Was present at the time of death and knows the circumstances first hand.

(2) Has been provided the details by some appropriate authority such as the local police.

b. Appropriate commanders in the chain of command (other than the commander writing the letter of sympathy), medical facility commanders, and chaplains, while not required to prepare letters of condolence, may do so.

c. An immediate commander (particularly overseas where retirees, family members, and DA civilian employees are part of the military community) may send a letter of condolence to the NOK of a family member of DA civilian employee who dies within his or her command.

5–7. Sending condolence letters

Letters of condolence prepared per paragraph 5–6*a* above will not be mailed until receipt of confirmation that notification has been accomplished. All other letters of condolence will not be mailed until at least 24 hours after the letter of sympathy has been mailed.

5–8. Review of condolence letters

CAC will ensure that the letter of condolence is reviewed to ensure compassion, clarity, accuracy, completeness, and that it is in compliance with paragraph 5–5 above. When a letter of condolence is not prepared by the CAC, the preparing command will provide the CAC with an information copy of the letter.

5–9. Letters of concern

Commanders of personnel hospitalized and listed as VSI, SI, SPECAT, NSI and subject to special interest, may, if they desire, correspond with the NOK of the soldier. If a letter is written, the procedures for preparing and reviewing letters of sympathy will be followed. (A sample letter of concern is shown in fig 5–4).

5–10. Rules for preparing letters of sympathy, condolence, and concern

a. Letters of sympathy will be prepared by the commander most knowledgeable of the soldier and the facts and circumstances surrounding the casualty incident.

b. Letters of sympathy will be sent to the PNOK in all death and missing cases except those mentioned in paragraph 5–1*c*.

c. Letters of sympathy will be mailed only after confirmation of notification is received.

d. Letters of sympathy will be reviewed by the CAC prior to dispatch.

e. Letters of condolence and concern will be prepared in those situations as described in paragraph 5–6.

5–11. Steps for preparing letters of sympathy, condolence and concern

The steps required for preparing letters of sympathy, condolence or concern are shown in table 5–1.

Table 5–1
Preparing and sending letters of sympathy, condolence or concern

Step	Work center	Required actions
1	UNIT/BNS1/MTFA/ HOSP/CAC	In death and missing cases, prepare letters of sympathy or condolence as required.
2	UNIT/BNS1/MTFA/ HOSP	Send letter of sympathy or condolence to CAC for review.
3	CAC	Once letter of sympathy or condolence is review and confirmation of notification to PNOK/SNOK is received, either dispatch letter or return to preparing agency for mailing. Keep a file copy in casualty case file.
4	UNIT/BNS1/MTFA/ HOSP	Prepare letter of concern to soldier's PNOK if desired.

Figure 5–1. Sample Letter of Sympathy to Spouse (Hostile Casualty)

Department of the Army
Organization Name/Title
City, State, and Zip Code

Date

Office of the Commander

Mrs. John C. America
1234 Main Street
City, State and Zip Code

Dear Mrs. America:

It is difficult for me to express the deep sorrow of the men and women of Company D over the recent death of your husband, Private First Class John C. America.

Figure 5–1. Sample Letter of Sympathy to Spouse (Hostile Casualty)—Continued

On the morning of December 20, 1992, John was a member of a reconnaissance patrol that encountered a superior enemy force near the city of Ancon, Panama. During the ensuing encounter, John was mortally wounded by enemy automatic weapons fire. Medical personnel were immediately at your husband's side, but were unable to save his life. I sincerely hope that the knowledge that he was not subjected to any prolonged suffering will be of some comfort to you.

A memorial service was held for John on the morning of December 21, 1992, during which the men of his command rendered military honors and a final tribute to him. I am enclosing a copy of the bulletin from that service.

John's personal belongings have been collected and will be sent to the person authorized by law to receive them for distribution according to the laws of his domicile.

I hope that during this period of your bereavement you will find some measure of comfort in knowing that your grief is shared by all of us who were closely associated with your husband.

Sincerely,

Robert T. Smith
Captain, United States Army
Commanding

Enclosure

Figure 5–2. Sample Letter of Sympathy to Parents (Non Hostile Casualty)

Department of the Army
Organization Name/Title
City, State, and Zip Code

Date

Office of the Commander

Mr. and Mrs. Thomas J. Smith
42 North Sixth Street
City, State, and Zip Code

Dear Mr. and Mrs. Smith:

I extend my deepest sympathy to you in the recent loss of your son, Sergeant Robert T. Smith.

Robert died as the result of an automobile accident on May 22, 1989, near Sierra Vista, Arizona. The report of the accident shows that Robert was driving a rented automobile that ran off the road during a heavy rainfall and struck a concrete bridge abutment. Passengers in another car who saw the accident immediately called an ambulance. Robert was admitted to Raymond W. Bliss Army Hospital where, despite every effort to save his life, he died at 11:30 p.m. that same evening as a result of a fractured skull. Before he passed away, Robert received the ministration of his church. Memorial services were conducted on May 24th at 9:00 a.m. by Chaplain C.M. O'Brien, the Catholic Chaplain of our unit.

As a member of this command, Robert was well liked by all his associates. He was an excellent soldier who performed all tasks assigned to him in a cheerful and efficient manner. His death came as a great shock to all who knew him.

Robert's personal effects have been collected and will be sent to the person authorized by law to receive them for distribution according to the laws of his domicile.

The sincere sympathy of the personnel of this command is extended to you in your bereavement.

Sincerely,

Thomas D. Jones
Captain, United States Army
Commanding

Figure 5–3. Sample Letter of Condolence

Department of the Army
Organization Name/Title
City, State, and Zip Code

Date

Office of the Commander

Mrs. James Johnson
3304 Silver Park Drive
City, State, and Zip Code

Dear Mrs. Johnson:

The staff of Walter Reed Army Medical Center joins with me in extending to you our deepest sympathy on the death of your son, Private First Class Edward Johnson.

We know the irreparable loss that you have suffered and fully realize there is little we can say to help you in this moment of sorrow. We hope you will find some comfort in knowing that everything possible was done for him during his last illness. In time, you may find personal reassurance in the thought that he died in the service of his country and that our gratitude as a nation is deep and lasting.

Our heartfelt condolences are extended to you and the members of your family in your bereavement.

Sincerely,

Donald D. Jones
Brigadier General, United States Army
Commanding

Figure 5–4. Sample Letter of Consern

Department of the Army
Organization Name/Title
City, State, and Zip Code

Date

Office of the Commander

Mr. and Mrs. Howard Jones
4000 Kansas Avenue, NW
City, State, and Zip Code

Dear Mr. and Mrs. Jones:

The recent vehicle accident that resulted in the hospitalization of your son, Charles, was unexpected. We are deeply concerned and extend our sincere wishes for his rapid and full recovery. He remains in our daily thoughts and meditations, and we look forward to his return.

I recently visited with Charles, and in discussing his condition with the attending physician, the physician has revealed the extent of Charles' injuries to be a strained back, minor internal bleeding, and a broken leg. Charles' prognosis is good. Please be advised that he continues to receive the best possible medical care available. You will continue to be advised of his recovery. If I may be of further assistance please do not hesitate in contacting me.

Our thoughts continue with you during this period of uncertainty.

Sincerely,

Douglas G. Taylor
Captain, United States Army
Commanding

Chapter 6
Casualty Assistance Program

Section I
General

6–1. Objectives of the program

The objectives of the casualty assistance program are to—

a. Assist the PNOK during the period immediately following a casualty.

b. Eliminate delay in settling claims and paying survivor benefits to the NOK.

c. Assist the PNOK in other personnel-related affairs.

6–2. Persons entitled to assistance

a. The PNOK of the persons described below are entitled to a Casualty Assistance Officer (CAO).

(1) All persons listed in paragraph 2–1*a* through *k*.

(2) ARNG personnel who die or become missing while on AD during a civil disturbance.

(3) Retired members of the Army in receipt of retired pay who die (para 6–37).

(4) DA civilian personnel who become a casualty while assigned, deployed or TDY outside the 50 States and the District of Columbia.

b. While the casualty assistance program provides assistance to the PNOK, advice and guidance may be provided to other NOK if warranted by the situation, but a CAO need not be appointed. Some of the most common situations where assistance will be furnished are when—

(1) The children of a deceased or missing individual, who are not the PNOK, need help.

(2) CDR, PERSCOM issues an ITO to the NOK when applicable (para 6–8).

(3) Separated or discharged persons who die within 120 days after discharge or separation. In this case, assistance is provided only to verify the death and to provide the CAC with the information needed to submit a casualty report.

c. When two or more persons at different addresses should be provided assistance, it may be necessary that more than one commander provide it. Coordination in these cases must be carefully accomplished.

d. When both parents die, are incapacitated or unavailable and their minor children are being returned to CONUS, a responsible person will be designated by the soldier's commander to accompany the children to their final destination. (See JTR, Vol 1, N6400.)

e. Assistance will not be provided to the NOK of those soldiers who die while in a desertion status. However, the NOK will be given a telephone number for a point of contact at the CAC until the Commander, USAEREC makes the final determination as to whether the soldier was indeed a deserter. When an AWOL or a desertion determination has been made by the Commander USAEREC and submitted to CDR, PERSCOM (TAPC–PEC), it will be relayed to the appropriate commander in the area nearest the NOK.

6–3. The role of the casualty area commander

a. The CAC in whose area the PNOK is located will extend casualty assistance.

b. The CAC may designate or assign casualty assistance cases to—

(1) Commanders of his or her command's installations and activities.

(2) Units assigned to other commands within his or her geographic area of responsibility that are located near the residence of the NOK.

(3) USAR AGR/Full-time personnel.

(4) National Guard advisor groups.

(5) ROTC instructor groups.

(6) Personnel assigned to the U.S. Army Recruiting Command (except those on production).

(7) Corps of Engineers.

(8) Army personnel assigned to DOD or joint agencies and activities. These personnel may be used in the casualty assistance program.

(9) Civilian Personnel Offices within their geographical area. (For PNOK of civilian personnel only.)

(10) Army personnel serving with allied or foreign governments or agencies.

(11) Army personnel serving OCONUS in US embassies and consulates.

c. Maintain sufficient quantities of DA Form 5516 (Casualty Assistance Referral Card). Additional referral cards can be requisitioned by casualty area commands only. Requisitions will be in memorandum format and addressed to CDR, PERSCOM (TAPC–PEC) ALEX, VA 22331–0481.

6–4. The role of the senior Army representative

When the NOK is located in an area outside CONUS that is not assigned to any U.S. military command, the senior Army representative will be responsible for casualty assistance under this regulation. Senior Army representatives will develop casualty assistance programs before attempting to meet any specific casualty requirement to prevent delays and the assignment of inexperienced persons as CAOs.

6–5. Assignment and transfer of assistance cases

When the PNOK relocates before casualty assistance actions are completed, assistance will be reassigned as stated below. The losing CAC responsible for casualty assistance will promptly notify CDR, PERSCOM (TAPC–PEC) concerning such movement.

a. Listed below are actions to be taken when the PNOK moves from a CAC's area of responsibility.

(1) *Movement from one area in CONUS to another.* In this case, the losing CAC will telephone the gaining CAC and give them the specifics of the case and what assistance has already been rendered. It is a excellent idea to have the casualty assistance officer from the losing and gaining CAC also talk. The losing CAC will then send the complete case to the gaining CAC.

(2) *Movement from one overseas area to another, from overseas to CONUS, or from CONUS to an overseas area.* In this case, the losing CAC will notify CDR, PERSCOM (TAPC–PEC) by telephone before the move and then follow up with a message. The message will include whatever information is necessary to provide a smooth transition in providing casualty assistance to the NOK. Also, the message will include the NOK's time of departure, estimated time of arrival, mode of travel, and address at destination.

b. When assistance will be needed at intermediate points en route to the final destination, the losing CAC will send a message to all persons concerned, giving the NOK's itinerary and the assistance needed. BLUE BARK procedures will be followed when appropriate. (AR 59–120 gives BLUE BARK procedures.)

6–6. Casualty assistance kits

a. In attempting to standardize the handling of casualty assistance, each CAC will prepare reference kits and keep them up to date. These kits will include—

(1) A standing operating procedure.

(2) The location of the nearest VA and Social Security Administration offices.

(3) Telephone numbers of operating officials who can coordinate and provide information on all aspects of the casualty assistance program.

b. The required publications and forms listed in appendix A, as appropriate, will also be included in these kits and made readily available to the CAO.

c. When providing assistance to the NOK of missing persons, the CAC should include in the reference kit a list of the services to be provided by and the locations of the nearest Army Community Services Center and the American Red Cross and information concerning public health center operations.

6–7. Death gratuity payment and unpaid pay and allowances

a. Eligibility. A death gratuity (DG) of $6000.00 is payable to certain survivors of—

(1) Deceased active duty soldiers.

(2) Soldiers who die during the 120 day period beginning on the date following date of discharge or release, under honorable conditions, from active duty (including retirement for disability or length of service). However, VA must determine that death resulted from disease or injury incurred or aggravated while the soldier was on active duty or while authorized travel status to and from such duty. Only after the determination is made by VA, will DFAS make payment of DG in 120-day cases.

b. A beneficiary may be eligible for two payments—

(1) Death gratuity (DG).

(2) Unpaid pay and allowances of the deceased soldier.

Note. A beneficiary may be eligible for one payment but not necessarily the other. There are special rules for the determination of each category of beneficiary. For further information, consult the DOD Military Pay and Allowances Entitlements Manual (DODPM) (para 40504 for DG and paragraphs 40513 and 40514 for unpaid pay and allowances) or consult the local Judge Advocate General office.

c. DG payment will be made by the field FAO when the deceased soldier is survived by a spouse and payment is not restricted. (See DODPM, para 40505). The FAO will also make the DG payment when there is no spouse or children and the soldier has designated the natural parent(s) as beneficiary on the DD Form 93. Payment will be made within 72 hours after the initial notification of death or within 72 hours of receipt of authorization, as applicable. When there is no surviving spouse or designated natural parent, DFAS will determine the eligible beneficiary and make payment within 45 to 60 days.

d. DG is not payable to a beneficiary or survivor who kills a member, unless there is evidence which clearly absolves such beneficiary or survivor of any felonious intent.

e. When practical, payment of the DG will be made directly to the eligible spouse or designated natural parent(s) by the local FAO. DG recipients must be verified with 100% accuracy prior to payment. The CAO will assist in making this payment. When direct payment is not practical, payment will be made through the CAO as follows—

(1) The CAC in possession of the military personnel records jacket (MPRJ) will send a DG authorization message by IMMEDIATE precedence to the finance activity located nearest the NOK. This activity could be an Air Force, Navy, or Marine Corps finance or disbursing activity. The CAC responsible for casualty assistance and DFAS will always be included as information addressees on the message.

(2) If the soldier's records are not available, DG authorization must be granted by CDR, PERSCOM (TAPC–PEC) or DFAS. CDR, PERSCOM (TAPC–PEC) will routinely send the DG authorization message on overseas cases, when applicable. The DG message will include data for the soldier's basic pay and years of service. The data will be used to complete DD Form 397 (Claim Certification and Voucher for Death Gratuity Payments) (AR 37–104–3) (fig 6–24).

f. In assisting with payment of gratuities, pay, and allowances, the CAO will follow the detailed procedures below.

(1) Give to the Army, Air Force, or Navy FAO serving the area where the NOK is located a duly certified DD Form 397 (Claim Certification and Voucher for Death Gratuity Payments) with items 5 through 11, 13, 14, and the claim certification portion of block 18 completed. The DD Form 397 will be supported by copies of the document appointing the CAO as a Class A Agent, if applicable, and copies of the message indicated in *d* above. If funds are to be obtained from the disbursing officer of another Service, the document will also include a statement authorizing the CAO to obtain funds from that Service and the Army DG funds citation.

(2) Obtain from the finance or disbursing officer the gratuity check and the original plus one copy of the DD Form 397 for delivery to the eligible payee.

(3) Obtain the required certification and signature on the original and one copy of DD Form 397 when presenting the check to the payee.

(4) Assist in completing parts A and E of Standard Form 1174 (Claim for Unpaid Compensation of Deceased Member of the Uniformed Services) when the NOK is the beneficiary for both the death gratuity payment and the unpaid pay and allowances. Care should be taken by the CAO to have the full address of the beneficiary reflected in part A1 and both witness sections of part E properly completed. (The portion of part E pertaining to funeral expenses is no longer applicable and may be lined through.)

(5) Return to the finance or disbursing officer the signed original and one copy of the DD Form 397, along with the completed SF 1174, if applicable. If the payee does not sign the DD Form 397, the CAO will return the voucher, the check, and a statement describing the details to the finance or disbursing officer for action.

g. Where there is no surviving spouse or natural parents and in the case of all other beneficiaries, DFAS will determine the eligible beneficiary and make payment. This decision may require the CAO to investigate and provide supporting documentation. When the beneficiary (other than spouse) is dependent on the soldier and is found to be in urgent need of money, contact—

(1) DFAS–IN, ATTN: DFAS–IN–FJEC–B, Indianapolis, IN, 46249–0855, DSN 699–7189–90 for payment of the DG allowance.

(2) The nearest Army Emergency Relief (AER), local chapter of the American Red Cross, Air Force Aid Society, or Navy Relief Society Auxiliary.

6–8. OCONUS invitational travel orders (ITO) for family members

a. CDR, PERSCOM may issue an ITO to not more than two family members of a soldier who is hospitalized and classified as VSI or SI. ITOs are governed by the Joint Federal Travel Regulation (JFTR) volume 1, paragraph U5246. The definition of a "family member" as defined in the JFTR, means the member's spouse, children (including step, adopted, and illegitimate children), siblings of the member and parents of the member (includes fathers and mothers through adoption and persons who have stood in loco parentis to the member for a period of not less than one year immediately before the member entered the U.S. Army). However, only one father and one mother or their counterparts may be recognized in any one case. In addition the following guidelines must be met—

(1) The attending physician and the commander of a military medical treatment facility consider the presence of the NOK necessary and will contribute to the recovery of the VSI or SI patient. An ITO will not be issued to the NOK of a brain dead person, as the NOK's presence will not aid in the recovery process.

(2) The soldier is hospitalized in an overseas area and the NOK are in CONUS, or vice versa.

b. Restrictions on issuing ITOs are as follows—

(1) Travel to a hostile fire area will not be authorized.

(2) An ITO request made by a NOK or on behalf of a NOK does not comply with the above criteria and will not be favorably considered.

(3) No person will commit the Army to issuing an ITO before it is approved by CDR, PERSCOM (TAPC–PEC).

(4) An ITO for the NOK of captured, missing, or detained soldiers may be approved by CDR, PERSCOM.

c. The CAC will review the request for an ITO to ensure it meets the above criteria. The CAC will then send the request by IMMEDIATE precedence message or telephone (confirmed by follow-up message) to the CDR, PERSCOM (TAPC–PEC). CAC will be notified of approved ITO only when travel arrangements have been confirmed by Personnel Assistance Teams (PAP). Each request will contain the following information—

(1) The NOK's name, address, and relationship to the patient.

(2) Statement that the attending physician and the medical facility commander deem the NOK's presence to be medically necessary.

(3) Passport and visa requirements for the NOK.

(4) Instructions on what the NOK is to do upon arrival (such as contact the staff duty officer).

(5) Information concerning the availability of Government quarters and dining facilities.

(6) Estimated cost per day for each NOK while they are present in the command.

(7) Type of weather the NOK should expect to encounter and type of apparel to be worn (e.g. spring apparel or summer apparel and so on).

d. Once an ITO is issued, the following restrictions apply—

(1) Government transportation will be provided to the NOK from place of residence to the overseas location of the hospital and return.

(2) All other travel expenses (food, lodging, etc.) must be paid by the traveler.

e. Information on sending and completing reports on NOK travel is listed below—

(1) The appropriate CAC will send an IMMEDIATE precedence message to the command the NOK will be visiting and include all appropriate information addresses, or the CAC may telephone CDR, PERSCOM (TAPC–PEC). The message or telephone conversation (FONECON) will announce the NOK's estimated time of arrival (ETA), estimated time of departure (ETD), and all other pertinent travel information. If a FONECON is used, CDR, PERSCOM (TAPC–PEC) will inform the command and other necessary activities that the NOK will visit.

(2) The date of the NOK's arrival in the overseas command will be included in the first PROG report following arrival. Subsequent reports will include the fact that the NOK remains in the command. The departure of the NOK will be reported in the next PROG report following the departure.

f. ITOs issued under this paragraph will be funded by the Disposition of Remains and Invitational Travel Orders for NOK of Very Seriously Ill/Injured Open Allotment Fund

6–9. CONUS invitational travel order (ITO) for family members

a. CONUS CAC identified in appendix B may issue an ITO to not more than two family members of a soldier who is hospitalized in CONUS and classified as VSI or SI. ITOs are governed by the Joint Federal Travel Regulation (JFTR) volume 1, paragraph U5246. The definition of a "family member" as defined in the JFTR, means the member's spouse, children (including step, adopted, and illegitimate children), siblings of the member and parents of the member (includes fathers and mothers through adoption and persons who have stood in loco parentis to the member for a period of not less than one year immediately before the member entered the U.S. Army). However, only one father and one mother or their counterparts may be recognized in any one case. In addition the following guidelines must be met—

(1) The attending physician and the commander of a military medical treatment facility determine that the presence of the NOK is necessary and will contribute to the recovery of the soldier. This determination will be documented on a DA Form 2984 (Very Seriously Ill/Seriously Ill/Special Category Patient Report) prepared by the medical treatment facility. An ITO will not be issued to the NOK of a brain dead person, as the NOK's presence will not aid in the recovery process.

(2) The soldier is serving on active duty.

(3) The soldier is hospitalized in a medical facility in the United States.

b. Other restrictions for CONUS ITOs are as follows—

(1) Medical treatment facility personnel will not commit the Army to issuing an ITO. Approval and the offer of an ITO can only be made by the CAC.

(2) Transportation furnished in kind or Government Transportation Request (GTRs).

(3) A monetary allowance for the official distance between home and the medical treatment facility if travel is performed by privately owned conveyance.

(4) Per diem is not payable for travel performed according to this travel.

c. Only reimbursable expenses in connection with this travel are those identified in JFTR Vol 1, paragraph U5246 (such as, taxis to and from airports, baggage handler tips, etc.).

d. Upon approval from CDR, PERSCOM, CACs may utilize the Open Allotment Fund for Disposition of Remains and Invitational Travel Orders for NOK of Very Seriously Ill/Injured to fund the NOK travel. To receive approval from CDR, PERSCOM the following information must be provided:

(1) COC must receive a facsimile copy of the completed and signed DA Form 2984 from the CAC responsible for the area in which the soldier is currently hospitalized. The CAC must also provide the names and the relationship of the NOK to the soldier for which the ITO will be extended.

(2) After review COC will telephonically provide the requesting CAC a control number and fund cite authorization.

(3) Estimated cost of the ITO.

e. CAC's will maintain an ITO log that includes as a minimum—

(1) Soldiers name, rank and SSN.

(2) Control number.

(3) Names of NOK ITO issued to.

(4) Name of COC approving individual.

(5) Estimated cost of the ITO.

(6) Date issued.

Section II
Assistance to the NOK of Deceased Individuals

6–10. Role of the commanders

Commanders who have been delegated to furnish casualty assistance will—

a. Appoint a CAO from assigned Army personnel.

(1) The CAO will be knowledgeable, competent, dependable, sympathetic, and, if possible, able to speak the same language as the PNOK. If possible, individuals selected should approximate the following qualifications—

(a) Be a mature individual with six or more years of service.

(b) Officers should be captains or higher and NCO's should be sergeants first class or higher.

(c) Civilian personnel or retirees will not be used as CAOs for Army personnel.

(d) Be of similar military background as the deceased, especially when death is mission or training related.

(e) Possess neat, military appearance and bearing.

(f) Be released from conflicting duties and/or requirements as indicated in paragraph 1–19*b*(5).

(g) Be retainable until CAO duties can be accomplished.

(2) Casualty assistance personnel assigned by a CPO to provide assistance to PNOK of civilian casualties will abide by the same general guidelines.

(3) Soldiers used in the personal notification system (para 4–7) may also be used as the CAO, except for soldiers listed in paragraph 4–7*d*(3) through (4).

(4) Upon receipt of notification of the death of an active or retired 4-star general officer, appoint an active duty general officer to serve as the CAO. Exceptions may be granted only when it is clearly not feasible to appoint an active duty general officer.

(5) Selected senior noncommissioned officers (NCOs), except for those assigned duties as "on production" recruiters and guidance counselors (not career counselors), may be used as CAOs for the NOK of enlisted personnel when death gratuity payment is paid by check. When death gratuity is to be paid in cash, the CAO must be a commissioned officer or warrant officer appointed as a class A agent to the appropriate FAO. NCOs cannot be appointed as class A agents.

b. Ensure that each CAO is thoroughly briefed on his or her responsibilities, as well as the specifics of the particular case he or she is handling.

c. Notify the Chief, Adjudications Division, Military Pay Operations, Defense Finance and Accounting System, Indianapolis, IN 46249–5000, by telephone or by priority message when death gratuity payment cannot be made by the CAO or the FAO within 72 hours of notification to the NOK.

d. Ensure that the casualty office serves as the controlling activity for all casualty matters. This office will provide counseling and assistance to survivors of AD and retired personnel and to AD soldiers when a family member dies (para 6–2).

e. Ensure that escorts for the NOK are briefed on their responsibilities and duties outlined in AR 59–120.

f. Ensure that the appropriate CPO is notified of the civilian casualty and that the CPO appoints a CAO.

6–11. Role of the casualty assistance officer

a. The CAO will assist and counsel the PNOK on all matters pertaining to the deceased. The CAO as a minimum will—

(1) Initiate a DA Form 2204–R. This form acts as a checklist of actions to be done and also as a record of when they were accomplished. The completed form also identifies problem areas involved and actions taken to resolve these problems. DA Form 2204–R can be reproduced locally head to head on 8-1/2 by 11-inch paper. A copy for local reproduction purposes can be found at the back of this regulation.

(2) Coordinate directly with the person making the personal notification to help ensure the first and subsequent contacts with the NOK are productive.

(3) Communicate with the NOK by phone within 24 hours after initial notification.

(4) Will verify NOK divorce data, if applicable, to include case number, court, judge, date, custody information, grounds, and where the divorce took place (city, county, and state). Verification should be taken from the court decree.

(5) If the notifier was unable to obtain a valid 45-day address of the NOK, the CAO will obtain this information during the initial visit. The CAO will also obtain additional information on dependents (children), not previously reported.

(6) Ensure that the NOK are provided a DA Form 5516 prior to leaving on the initial visit. This card will provide the NOK with a written reference as to the name and telephone numbers of their CAO. The DA Form 5516 will be completed by typewriter or neatly printed in black or blue/black ink, and will include the name, home and duty telephone numbers of the person designated as the CAO. A completed copy of this form can be found at figure 6–1.

DEPARTMENT OF THE ARMY

Your Casualty Assistance Officer is:

MAJ Michael Robinson

HOME TEL. NO. (817) 743-1234

OFFICE TEL. NO. (817) 834-4321

DUTY INSTALLATION OFFICER TELEPHONE (817) 834-4444

DA FORM 5516, MAR 86 *(Casualty Assistance Referral Card)*

The United States Army is committed to assisting designated beneficiaries of American soldiers who have sacrificed so much for their country in obtaining all government benefits to which they are entitled. Your Casualty Assistance Officer will help in every way he can to lessen the burden of grief on you. Do not hesitate to call for help.

*U.S. Government Printing Office: 1991 — 281-485/21343

Figure 6–1. Sample of a completed DA Form 5516 (Casualty Assistance Referral Card)

(7) Determine the immediate needs or problems facing the NOK and render prompt, courteous, and sympathetic assistance. The CAO will direct all inquiries on nonrecovered remains or validity of identification of remains to CDR, PERSCOM (TAPC–PED–D) ALEX, VA 22331–0481.

(8) Advise the PNOK (when the PNOK is a surviving spouse or the designated natural parents(s) when there is no spouse or children) of the status of the death gratuity payment, if any. The CAO will assist in the payment of that gratuity (para 6–7).

(9) Arrange for emergency financial assistance with the Army Emergency Relief or the American Red Cross if needed.

(10) Assist in arranging for military honors for the funeral, if desired by the PNOK.

(11) Ensure that in instances where the decedent was married, that pertinent information regarding the return of the remains, the funeral arrangements, and similar information is being passed to the surviving parents. Information will also be furnished to the decedent's children by a former marriage (or their guardian), and to parents who did not have custody of the decedent, when applicable.

(12) Advise the NOK of monetary benefits and entitlements for which they should apply for. The CAO will help the NOK to file these applications. The CAO will use local facilities, such as the Legal Assistance Office and Government copying equipment, in developing or supporting claims for benefits. When possible, the CAO will accompany the NOK to the Veterans Benefits Office and the Social Security Administration to discuss survivor benefits and to assist in completing applications for benefits (see app F thru J).

(13) Advise the NOK that the Defense Finance and Accounting Service (DFAS) will mail claim forms for unpaid pay and allowances, with instructions for completion, to the designated beneficiaries when the beneficiary is not the same as for the death gratuity payment. (When the beneficiary is the same for both payments, instructions in para 6–7 apply).

(14) Counsel NOK who are family members about the period of entitlement for transporting and shipping household goods and about procedures for requesting extension of entitlements (AR 55–46).

(15) Ensure that CDR, PERSCOM (TAPC–PEC) and the CAC are immediately notified of any move being made or contemplated by the NOK. The CAO will include both the old and the new addresses, and the effective date of the move, in the notification and will record this information on DA Form 2204–R.

(16) Inform CDR, PERSCOM (TAPC–PEC) immediately if the PNOK requests a letter of sympathy from the deceased soldier's unit commander in cases when the letter would normally be prepared by another official (para 5–1*e*).

(17) When a death occurs in a combat zone, the NOK will be made aware of Section 2201, Internal Revenue Service Code. This code grants forgiveness of all income tax for the year of death and any prior taxable year ending on or after the first day the member served in the combat zone. CDR, PERSCOM (TAPC–PEC) will certify the DD Form 1300 and forward it the Internal Revenue Service (IRS).

(18) CAOs assigned by CPO who are providing assistance to the dependents of civilian casualties will ensure that they are informed of all benefits and compensation due to the NOK. Close coordination with the CPO is required due to the variety of standard and optional civilian benefits to which the NOK may be entitled.

(19) Inform family members of, and, if they so desire, assist them in obtaining a copy of, any fatality or investigative reports pertaining to the death of the service member according to the procedures set forth in appendix E, paragraph E–1. See figures 6–7 through 6–10.

b. Government vehicles may be used by the CAOs to assist the NOK. The vehicles may be operated beyond the normal permissible operating distance of the installation, activity or unit providing assistance. Privately owned vehicles may be used when doing so will avoid undue delay and is more advantageous to the Government.

Section III
Performance of Duties as the CAO

6–12. General

As the Secretary of the Army's representative to the NOK, the CAO is appointed by a local Army commander who has overall responsibility for the Casualty assistance program. As the Secretary of the Army's representative, the CAO is released from all conflicting duties and requirements until the CAC reviews the DA Form 2204–R and releases the CAO back to his/her unit as these duties may interfere in a time consuming and involved project. The local casualty and mortuary affairs officer supervises the assistance program for the CAC. (See app B for a listing of CACs.) All of the CAC commander's resources, including the resources of his or her entire staff, are available to the CAO to carry out his/her duties.

a. The main point of contact and source of information will be the casualty section, a subordinate element of the installation adjutant general's office. Assistance may also be received from other agencies, such as the Staff Judge Advocate, surgeon general, chaplain, provost marshal, public affairs office, Retirement Service Officer and the finance, housing, and transportation offices. The CAO is expected to make such contacts, when necessary, without referral by the casualty section, which will also coordinate mortuary affairs. Also, the ARC, AER, and regional offices of the VA and Social Security Administration will help when needed. VA and Social Security have stressed that they prefer to provide specific information directly to the survivor. The CAO will make necessary appointments with VA and Social Security Administration and accompany the NOK when applicable. The CAO should not hesitate to call on these local service and support activities when necessary.

b. In case a CAO doesn't know how to deal with a given situation, the casualty section will point the CAO in the right direction. The CAO must decide and do what needs to be done. But in the final analysis, the casualty section serves in an advisory capacity. The CAO task to the NOK of deceased members of the U.S. Army, is not easy. It will be one of the most difficult and sensitive additional duties one will ever face.

c. The CAO is charged by the Secretary of the Army to render all reasonable assistance needed to settle the personal affairs of a deceased soldier. The quality of service must reflect full attention to duty and to the NOK. It will lessen the emotional and financial strain borne by the NOK during a period of great trauma. The CAO should pursue the assignment with a keen sense of urgency. The CAO should take pride in conduct, military appearance, and service rendered, and keep the thoughts, feelings, and position of the NOK uppermost in mind.

6–13. Phases of CAO duties

The duties as a CAO will normally fall into two distinct phases. Phase I is the period from notification to burial, and Phase II is the period from burial through about 90 days after the burial when entitlements and benefits are processed. Because of the grief and trauma the NOK must overcome, do not rush into Phase II; wait until after the funeral.

6–14. Preparation for initial contact with NOK

a. Immediately after being assigned a case, prepare for the initial contact with NOK. The CAC or major overseas casualty command (MOCC) will conduct a briefing on expected duties. The CAC/MOCC will furnish the CAO the text of the notification message. The CAO must be aware of all the known facts concerning the death of the soldier and the way they were presented to the NOK. Do not interpret or expand on them to the NOK.

b. The CAO will be better able to cope with the difficult initial contact if he/she will contact the notifier. The notifier can tell exactly what was said to the NOK, provide valuable insight on the reaction of the family, whether there is any hostility, the background of the NOK, and so forth. Possessing this information, will assist the CAO with the initial contact.

6–15. Initial contact with NOK (telephonic)

a. Within approximately 24 hours after the NOK has been personally notified, the CAO will telephone the NOK to make an appointment for the first visit. The NOK will be expecting the telephone call. Any delay will cause needless anxiety for the NOK.

b. The first telephone contact is crucial. The CAO should identify him/her self and the fact that he/she will be assisting. The CAO should be sincere when offering to help and extend their own sympathy and condolence. The CAO will not state that he or she has been "appointed" or give an impression that assisting is a chore or inconvenience. Tactfully explain that there are, or shortly will be, a number of matters that will require the NOK's personal attention and decision. Ask to meet with the NOK as soon as possible, either in the NOK's home or at another place the NOK designates. Courtesy, understanding, honesty, and the ability to answer questions quickly and accurately will help to establish the needed rapport between the NOK and the CAO. If the CAO doesn't create a favorable impression, it could cause added frustration and further grief.

6–16. First visit with NOK

a. As a representative of the Secretary of the Army, the CAO must be the epitome of a professional soldier in conduct and appearance. The first visit with the NOK may be the most difficult. However, try to appear poised and self-assured. The NOK will rely on the CAO for strength and expect to find him/her fully competent. The uniform should be proper, clean, and neatly pressed. The CAO will ensure the relationship with the NOK is kept on a professional level at all times. The CAO should never become personally involved, seek favors, borrow or loan money, and so forth.

b. The first visit should be brief. The main concern is to answer questions and meet demands and requests from the PNOK. Strengthen the rapport with the PNOK created in the earlier telephone conversation. Upon arrival, if a number of persons are present with the PNOK, ask to discuss matters in private. In this way, the CAO will not have to deal with a number of persons at the same time. If the person who made personal notification is unavailable, obtain a 45-day address from the PNOK.

c. One of the first questions the NOK will ask will concern the arrival of the remains. This is a crucial factor to the NOK. It is important to verify the status of the remains before arriving for the first visit. On occasion, remains are unrecoverable or not readily accessible. Be alert to this concern and answer the questions with care. Also be prepared to answer questions about the viewability of the remains. See appendix U for information on viewability.

d. Normally, remains are returned from an overseas area to a port of entry mortuary in the United States. For deaths in the Far East, remains are moved to the mortuary at Travis Air Force Base, California. For deaths in Europe, remains are moved to the mortuary at Dover Air Force Base, Delaware.

(1) During peacetime the average time from date of death until the remains reach the port of entry mortuary is 7 to 10 days. This time is needed for any post mortem examination by medical authorities overseas, movement of the remains from the hospital to the overseas mortuary, movement to aerial port of exit, and movement to the port of entry.

(2) Once the remains arrive at the mortuary, 24 to 36 hours of processing time are required to prepare the remains, place them in a casket, and make transportation arrangements to the final destination.

(3) If death occurs in the CONUS, the average time until the remains reach the final destination is 3 to 4 days.

(4) Although the family has the right to request a special escort for the soldier's remains, this may delay the return. A sample of a request for special escort is at figure 6–6. Because soldiers have many duties, the request for special escort may take 3–5 days to link up the escort and the soldiers remains. NOK should be advised of this possible delay if they desire the special escort. Additionally, there is no guarantee the special escort request will be approved. Military requirements may take precedence, the nominated escort may decline the assignment or the nominated escort could be unsuitable as a representative of the Army.

e. Stress that the return time is the average length of time. The NOK may consider this too long. Be tactful in explaining the reasons for the length of time. Remains may be delayed for medical reasons, criminal investigations or for proper travel documentation. Transportation of remains is subject to availability of scheduled flights. Follow up on the status of remains and keep the NOK informed; do not wait for the NOK to ask about the status.

f. When death occurs overseas and the NOK desires the remains to be buried there, contact the nearest servicing military mortuary for guidance and assistance on procedures for burial in that country.

g. Tell the NOK of their entitlement to a death gratuity.

(1) When the deceased soldier is survived by a spouse or parents and payment is not restricted, the field finance office will pay the death gratuity within 72 hours of receipt of authorization or within 72 hours after the first notification of death. Additional emergency financial assistance may be obtained from the AER or the ARC.

(2) When the beneficiary of the death gratuity is not a spouse or other PNOK and that person is in dire financial straits, contact the Defense Finance and Accounting Service, Indianapolis Center ATTN: DFAS–IN–FJEC–B, Indianapolis, IN, 46249–0855 DSN 699–7189/90. DFAS will attempt to expedite the DG payment. DFAS may require the CAO to verify and document unusual designated beneficiaries such as persons "in loco parentis."

h. Keep written notes on this and all later visits with the NOK. They will be invaluable for reviewing what was said or done and to ensure all requests and commitments have been fulfilled.

i. If the emotional state of the NOK will allow it, leave a copy of DA Pam 608–4 (active duty cases only) or DA Pam 600–5 (retired cases only). Cover and highlight their contents in later meetings.

j. The NOK should not be promised anything, unless it is certain it can be done. The CAO should try not to discuss benefits at this visit unless the NOK specifically asks about them. Advise the NOK to begin planning funeral arrangements. Suggest that the NOK give thought to where the deceased is to be buried and what funeral home to use. Make arrangements with the NOK to return the next day at an appropriate time.

k. Follow the procedures below for obtaining disposition of remains instructions from the NOK. "CAC" as used in these procedures, includes the casualty area command office as well as the supporting mortuary office. The procedures below are contingent on all activities supporting CAOs having in their possession the disposition of remains letter prior to the CAO making contact with the NOK. The CAO should be alert to the possibility that the person he/she is talking with may not have disposition authority. Refer to appendix T for an explanation of disposition authority. A sample Disposition of Remains Information Letter (CONUS) is at figure 6-2 and a sample DA Form 7302–R (Disposition of Remains Statement) for requesting disposition of remains instructions and disposition statement from the NOK is at figure 6–3. A sample statement for disposition relinquishment is at figure 6–5, should the NOK relinquish responsibility to direct the disposition of the remains. If the family elects to cremate the remains, the authorization to cremate must be in writing. A sample cremation authorization statement is found at figure 6–4.

(1) NOK resides in CAC area where death occurred.

(a) During the CAO's or mortuary officer's initial contact with the NOK, the disposition of remains information letter and DA Form 7302–R will be discussed and/or presented by either CAO or mortuary officer, with instruction to complete the statement as soon as possible and return it to the CAO or mortuary officer.

(b) On receipt of the completed DA Form 7302–R, the CAO or mortuary officer will immediately make the information available to the CAC by providing the statement itself, if practical, or by phone in which case the DA Form 7302–R will be mailed to the CAC after the disposition instruction have been passed.

(c) Should this information become available during non-duty hours and the CAO or mortuary officer does not have an off-duty point of contact from the CAC, the information will be provided to the installation duty officer for forwarding to the CAC office at the next duty period.

(2) NOK resides in CAC area other than where death occurred and death was in CONUS.

(a) During the CAO's or mortuary officer's initial contact with the NOK, the disposition of remains information letter and DA Form 7302–R will be discussed and presented to the NOK, with instruction to complete the statement as soon as possible and return it to the CAO or mortuary officer.

(b) When the disposition statement is received by the mortuary officer, he or she will promptly make the information available by phone (use of FAX machine is encouraged if available) to the CAC having control of the remains and responsibility for disposition of remains.

(c) If the disposition information becomes available during non-duty hours and the CAO or mortuary officer does not have an off-duty point of contact from the CAC that has control of the remains, the information will be passed to that CAC's installation duty officer for forwarding to the CAC office at the next duty period. The original DA Form 7302–R signed by the NOK will be forwarded immediately by mail to the CAC handling disposition of the remains for association with case file. One copy of the statement will be retained by the CAO or mortuary officer, and one copy will be forwarded to the CAO's or mortuary officer's supporting CAC.

(3) NOK resides in CONUS and death occurred overseas.

(a) During the CAO's or mortuary officer's initial contact with the NOK, the disposition of remains information letter and DA Form 7302–R will be discussed and presented to the NOK, with instructions to complete the statement as soon as possible and return it to the CAO or mortuary officer.

(b) Upon receipt of the disposition statement, the CAO or mortuary officer will immediately make the information available to HQDA (TAPC–PED–D) by FAX machine. If a FAX machine is not available, phone in the information.

(c) If the disposition information becomes available during non-duty hours, it will be passed to the casualty operations center, which is manned 24 hours a day for forwarding to HQDA (TAPC–PED–D) at the next duty period. The DA Form 7302-R signed by the NOK will be forwarded immediately by mail to HQDA (TAPC–PED–D), Alexandria, VA 22331–0482, for association with the case file. One copy of the statement will be retained by the CAO or mortuary officer and one copy will be forwarded to the CAO's or mortuary officer's supporting CAC.

l. After the visit, begin recording completed actions on DA Form 2204–R (fig 6–11). Use this form as a checklist and record of actions taken. When completed, forward the report to your CAC. The CAC will maintain the checklist to assist in answering any follow-up questions or Congressional inquiries referencing a specific case.

6–17. Second visit with NOK

a. The second visit will probably be the next day, while the NOK is still in shock (be aware that even a little thing — a word or minor incident — may trigger an emotional outburst). With this in mind, do not discuss too many things too fast. Limit business to the following—

(1) Death gratuity.
(2) Completion of the DA Form 7302–R.
(3) Preparation for the funeral.
(4) Answering specific questions.

b. Then, using the disposition of remains information letter, advise the NOK about Government entitlements regarding preparation and disposition of the remains, reimbursements for incidental burial expenses, and special escort requirements. This action will ensure the NOK understands that financial assistance provided will help defray some, but not necessarily all of the funeral expenses when making funeral arrangements. Discuss mortuary entitlements, with the mortuary affairs officer of your CAC. To assist the NOK in deciding where the remains of the soldier will be buried, advise the NOK of the available national cemeteries. Do not commit the Government to burial in any cemetery until confirmation of gravesite availability with the cemetery director. Check with the VA (Cemetery Service) or the installation mortuary officer for further assistance. See appendix R (U.S. Government Reimbursement of Funeral Expenses).

c. The alternative of a national cemetery versus a private cemetery and the selection of a funeral director are decisions which the NOK alone must make. Be careful not to influence the NOK's decision or to

recommend one funeral director over another. Should the NOK ask for an opinion, tactfully state that, as a representative of the Army, you cannot suggest a specific funeral home. A listing of all reputable funeral homes in the area may be presented. However, do not become involved in selection of merchandise or monetary transactions between the funeral home and the NOK. To do so could legally obligate the Government if the NOK failed to pay his or her obligation.

d. These decisions will be difficult for the NOK, and the NOK may wish to put them off. However, encourage the NOK to decide as soon as possible since the remains cannot be returned until the Army authorities know where to ship them. Be forthright, but not offensive or pushy. Act with tact and empathy.

e. Once the NOK has chosen the funeral director and the location where the deceased will be buried, assist the NOK in completing the disposition of remains statement (fig 6–3) and forward the statement as directed in paragraph 6–16*k*. Also, include a request for special escort, if applicable, and any other requests specifically related to return of remains only. If appropriate, give name and telephone number (home and office) (with area code) as a point of contact. Do not send this statement until the funeral director has agreed with the NOK to furnish his or her services, or the director of the cemetery has officially agreed to the soldier's burial.

f. The next decision required of the NOK is the type of funeral desired—military or civilian, full military honors or simple honors, military or civilian chaplain, and so forth. Check with the casualty section at the Army military installation nearest the place of burial to find out what military honors are available. Explain these to the NOK.

g. The NOK may want the CAO involved in assisting with funeral arrangements. All decisions are the NOK's and must be coordinated and approved first by the NOK prior to any commitments. Check with the casualty section to get a complete understanding of burial reimbursements and specifically what items will be paid for by the Government. Don't guess.

h. During the second visit the NOK may begin asking specific questions concerning the incident, questions requiring information that the CAO may not have direct access to or that is not readily available. The CAO should advise the NOK that information obtained through the investigative process may be provided to the NOK upon completion of the investigation. Figures 6–7 through 6–10 contain sample request forms for some of the reports/investigations the NOK may desire. Appendix E, paragraph E–1, contains a complete discussion of the procedures to be followed in assisting the NOK to obtain such information.

6–18. Awaiting arrival of remains

a. While waiting for the remains, make preliminary funeral plans by alerting the appropriate agencies involved in the funeral services, (for example, officer in charge (OIC) or noncommissioned officer in charge (NCOIC) for military honors, chaplain's support, or transportation). Do not set a date for the funeral until the remains arrive.

b. Visit with the NOK regularly to keep them informed of what has been done and to show they have not been forgotten.

c. Check with the CAC each day to determine the arrival date of the remains. The funeral director will be telephoned by the CAC's mortuary officer concerning the transportation of the remains and told the mode of movement and itinerary. Once this is known, meet with the NOK and establish a tentative funeral date. Do not set a firm date for the funeral services until the remains have physically arrived at the destination. Weather conditions and airline cancellations can alter the scheduled arrival time of the remains. Premature setting of date and time of funeral services will only cause confusion, additional anxiety, and possibly an unnecessary financial burden to the NOK.

d. Consistent with the time available, confirm all funeral arrangements. Keep the NOK informed at all times.

6–19. Meeting the remains and escort

a. The funeral director will meet the remains and the escort. Time and distance permitting, it is appropriate for the CAO to accompany the funeral director on this task. Whether the NOK accompanies or not is his or her decision. It would be best if the NOK did not. Inform the NOK that the remains of the soldier are cared for and make arrangements for the NOK to visit the funeral home when the funeral director is ready. Ensure that the funeral director or escort has flag(s) to be presented in the funeral services. Introduce the NOK to the escort at the first opportunity.

b. The responsibilities and duties of the military escort are explained in detail in DA Pam 638–1.

6–20. The funeral

a. The CAO's specific involvement in the funeral will depend on what the NOK requests. In any case, the CAO will attend as the representative of the Secretary of the Army unless the NOK desires otherwise.

b. Check the burial detail immediately prior to the funeral to resolve any possible problems and monitor its performance during the service; make a note of anything unusual regarding appearance or performance to pass on to the CAC. The military honors team will have an OIC or NCOIC who will inspect, orient, and supervise the burial detail. Transportation and training of military personnel to render military honors will be the OIC or NCOIC's complete responsibility. Coordinate closely with the OIC or NCOIC and funeral director to ensure the proper delegation of and pinpointing of responsibility for key tasks (for example, positioning the firing squad and bugler or presentation of the flag at the gravesite).

c. Sometimes a general or other high ranking officer, the chaplain, or special escort is asked to present the flag to the NOK. If the NOK request the CAO to present the flag, use one of the following formats when making the presentation:

(1) "On behalf of the President of the United States and the people of a grateful nation, may I present this flag as a token of appreciation for the honorable and faithful service your loved one rendered this nation."

(2) "This flag is presented on behalf of a grateful nation as a token of appreciation for the honorable and faithful service rendered by your loved one."

d. Review with the NOK the sequence of events discussed in a through c above as they are to occur at the funeral services. Remember the stress that the NOK is undergoing. Certain items may need to be repeated. Well-planned, well-coordinated funeral services will be noticed by the NOK. The NOK will appreciate the professional conduct of the funeral.

6–21. Visits after the funeral

a. Two days after the funeral, call the NOK and make an appointment to visit. To prepare the NOK for this visit, briefly go over what will be discussed. Encourage the NOK to review the handbook (DA Pam 608–4 or DA Pam 600–5) which was left on a previous visit. (See app G through N for information on benefits and entitlements).

b. At this visit, some change in the NOK's composure will be noticed. Grief is an intense emotion and the NOK may seem alert and aware one minute and lose composure suddenly. Allow time for the NOK to regain composure, then continue discussing benefits and entitlements. The CAO should be well prepared and understand all possible benefits from DFAS, VA, Social Security, and the U.S. Army. Although the NOK may indicate an understanding of benefits and entitlements, the use of DA Pam 608–4, A Guide for the Survivors of Deceased Army Members, will help the NOK remember exactly what topics were discussed.

c. The NOK who reside in Government quarters will be advised that installation commanders are authorized to permit survivors of deceased soldiers who die in line of duty to remain in quarters without charge for a period up to 180 days.

d. If a dependent, the NOK must have a DD Form 1173 (Uniformed Services Identification and Privilege Card) to continue to use the post exchange, commissary, and medical treatment facilities. Make an appointment with the issuing facility in advance so that the NOK will not have to wait too long. (See app O for specifics on DD Form 1173.)

e. Escort the NOK to the regional offices of the VA and the Social Security Administration. Let one of the experts at these agencies compute their monthly entitlements and resolve all related matters. Appendixes I and P provide information that will assist the CAO before visiting these agencies. Remember, only Government entitlements are paid without application. All other benefits will be paid only on application.

f. Strictly speaking, CAO duties officially end when the last application for benefits is submitted. However, there is a moral obligation to ensure that the benefits are received. It would be proper for the CAO to telephone the NOK during the time when the NOK should be receiving the first checks. This will reaffirm the U.S. Army's concern for the NOK. If the checks have not been received or are not in the expected amount, assist the NOK with writing a letter to the proper agency. Have the NOK sign the letter and use his or her return address. In this way assistance can be provided for the NOK to resolve the matter, while not entering the picture officially with the agency. Experience has shown that the telephone is effective in dealing with the local office of an agency. If the agency is not in the immediate locale, advise the NOK all correspondence should be sent by certified or registered mail.

g. The NOK may need legal aid in matters relating to the soldier's military service. This is provided by the Army legal assistance officers in the local Staff Judge Advocate's (SJA) office. A fitting last action would be to arrange an appointment with one of the legal assistance officers and escort the NOK there for a review of his or her legal affairs.

h. The NOK will be concerned about the personal effects of the soldier. Although this is the concern of the Summary Court Officer, a brief explanation will relieve some questions. See appendix S.

i. If the soldier died as a result of military or terrorist action or in a combat zone, special tax considerations may be available to the NOK. If circumstances warrant, contact the Armed Forces Tax Council at (703) 693–1066. Mailing address for tax forms is Internal Revenue Service, P.O. Box 267, ATTN: STOP 28, Covington, KY 41019.

6–22. Assistance at national and post cemeteries

When the remains of an AD soldier are to be interred in a national or post cemetery outside the area of responsibility of the CAO, the CAC where the cemetery is located will be notified. The CAC will ensure that a military attendant of at least equal rank to the decedent will meet the NOK or their representatives when they arrive in the city where the cemetery is located.

a. The following information, as a minimum, will be sent promptly to the appropriate CAC with an information copy to CDR, PERSCOM (TAPC–PEC)—

(1) Deceased soldier's name and grade.
(2) Location of military cemetery.
(3) NOK's mode of travel to include flight number.
(4) NOK's estimated time and place of arrival.
(5) Accommodation requirements.
(6) Names of NOK arriving for funeral services.

b. The attendant to the NOK will give any needed assistance. This assistance will include but will not be limited to transporting family members, making arrangements for interment, and making or confirming departure arrangements. See appendix Q for more information on burial in national/installation cemeteries.

Section IV
Assistance to NOK of Missing or Captured Personnel

6–23. Taking care of the individual's family

Assistance to the NOK of missing or captured persons will reflect a continuing concern for the welfare of the NOK.

6–24. Role of the commanders in the program

a. CAC and major overseas commanders will maintain a list of the names and addresses of the NOK of missing or captured soldiers who desire to communicate with the NOK of other missing personnel in their geographic area (para 6–26*b*).

b. Commanders who are delegated responsibility for or are assigned assistance cases concerning missing or captured soldiers will—

(1) Appoint a CAO from assigned personnel. When possible, the CAO will—

(a) Be a field grade officer, experienced captain, or an officer of any grade who is a member of the bar of a State or has legal training.

(b) Be the most qualified of those persons available to assist and officially represent the NOK.

(c) Have an expected retention in the capacity of CAO of not less than 12 months. Commanders will take every action possible to ensure that officers assigned as CAOs are permitted to remain on the case for as long as needed.

(2) Ensure that procedures are in effect to train officers to serve as CAOs and to keep such training up to date. Orientation periods are recommended.

(3) Ensure that the CAO is authorized direct access to the installation staff and, when necessary, to the staff of the CAC or major overseas command concerned.

6–25. Continuity of assistance

When a CAO must be replaced because of reassignment, separation, or extended absence, he or she will accompany the newly appointed officer on the initial contact with the NOK. When possible, a 60-day lead time is desirable to—

a. Ensure that the NOK is prepared for the change.

b. Ensure that the new officer has time to become thoroughly familiar with the case and is ready to continue assistance without interruption.

6–26. Role of the casualty assistance officer

a. The duties and responsibilities of furnishing assistance to the NOK are in addition to the CAO's primary duty; they are time-consuming and involved. Since the CAO's performance in this area has a significant impact on the image of the Army, the CAO should be thoroughly familiar with the contents of DA Pam 608–4 (A Guide for the Survivors of Deceased Army Members).

b. In providing assistance, the CAO will—

(1) Be readily accessible, at least by telephone, to the NOK.

(2) Brief the NOK on pay entitlements and accounts. This briefing will be accomplished after the initial contact with the NOK, consistent with the situation and the desires of the NOK. As a minimum, the information contained in DODPM, part 4, chapter 3, should be covered. The CAO may obtain additional information from Chief, Adjudications Division, Military Pay Operations, Defense Finance and Accounting Service, DFAS, Indianapolis, IN 46249–5000.

(3) Determine if the NOK desires to communicate with other nearby NOK of missing personnel. If so, a list of those other NOK who also desire to communicate will be obtained by the CAO from the CAC, MACOM, or senior Army representative concerned. The CAO will furnish this list to the NOK with whom he or she is assisting. The CAO will advise the NOK that their names and addresses will be added to the NOK list maintained by the major commander.

(4) Each month, personally visit the NOK, unless the NOK stipulate otherwise. The CAO will prepare a DA Form 2204–R following the initial visit to the NOK and after each subsequent visit. Forward the reports to the CAC commander or to the major overseas commander in whose area the NOK is located. If the report contains controversial comments, problems, or significant changes in the NOK's status (such as death of a family member, serious illness, divorce, marriage, or change of address), the CAO will forward the report through the CAC, MACOM, or senior Army representative to CDR, PERSCOM (TAPC–PEC) ALEX, VA 22331–0481 for review.

c. The following procedures will apply for those cases in which POW/MIA remains are being released by government officials of Indochina:

(1) PERSCOM alerts families telephonically.

(2) A CAO is appointed immediately by the appropriate CAC after PERSCOM contacts the family.

(3) The CAO assists the family until the remains are identified.

(4) After identification, the CAO assists with disposition arrangements and/or questions pertaining to burial honors and benefits.

(5) In addition to the CAO's assistance, family members are welcome to call the Casualty and Memorial Affairs Operations Center during duty hours collect (703) 325–7990) if they have need for additional information.

Section V
Perform Duties of CAO for NOK of Missing or Captured Personnel

6–27. General

a. Serving as a CAO will not be an easy task. The CAO represents the Secretary of the Army in relationship with the NOK of a missing or captured soldier. The CAO is charged by the Secretary of the Army to assist the NOK in every way possible during the time a soldier is missing or captured. Accordingly, soldiers designated for CAO duty are selected because of their maturity, compassion, and effectiveness in relating to people.

b. NOK of a missing or captured soldier will have problems that differ greatly from those of NOK of a deceased soldier. At times resignation, patience, and understanding will give way to despair, anxiety, and restlessness. The uncertainty of a soldier's fate and the seemingly endless wait for some word of the missing or captured soldier may become almost unbearable for the NOK. The CAO, can lessen this burden by applying all the skills necessary when dealing with the NOK.

c. Although "missing" is the term generally used, a missing soldier may actually be one who is missing, missing in action, interned in a foreign country, captured, beleaguered, besieged by a hostile force, or detained in a foreign country against his or her will. CAOs will be dealing mostly with missing, missing in action, and captured personnel; this does not include absent without leave cases.

(1) As a representative of the Secretary of the Army, CAOs are appointed by and are responsible to a local Army commander. The main point of contact is the casualty section, which usually is a part of the adjutant general's office. The local commander has overall responsibility for a successful assistance program, and the resources of his or her entire staff are available. Use them in meeting the requirements of your important mission.

(2) Read the performance of duties as a CAO in paragraph 6–12 for general guidance.

6–28. Events leading up to your initial contact with the NOK

The officer who notifies the NOK of the casualty will inform the NOK that another officer or noncommissioned officer will contact him or her within 24 hours to assist in any way possible. It is at this point that the CAO will go into action. Sometimes, as in the case of repatriating remains of a prisoner of war/missing in action (POW/MIA) from Southeast Asia, the CAO will be both notifier and CAO.

6–29. Phases of CAO duties

a. The duties as CAO generally will cover six steps or phases. Five of them will be on a one-time basis and the sixth will be repeated monthly. The one-time phases are keyed to events and are shown below.

(1) Initial visit—within 24 hours after the NOK was notified of a soldier's missing status.

(2) Four-day visit—about 4 days after the initial visit.

(3) Seven-day visit—when the NOK receives the definitive telegram or mailgram from the CMAOC, advising the NOK that a Missing Persons Board is being convened.

(4) Thirty-day visit—after the soldier has been missing for 30 days.

(5) Sixty-day visit—when the results of the Missing Persons Board are made available to the NOK in a definitive letter from HQDA (TAPC–PED–P).

b. The repetitive phase is the monthly visit with the NOK. It serves to assure the NOK that the Army has not forgotten him or her or the soldier, and to make sure the NOK is getting along as well as may be expected under the circumstances. The CAO should always be prepared to notify the NOK of any change in status, whether it be one of captured, dead, returned to military control, or identification of repatriated remains.

6–30. Preparation for the initial visit

a. Before the initial visit, know exactly what is in the text of the initial notification message to the NOK; in case of repatriated POW/MIA, the CMAOC will notify the NOK initially by telephone because of widespread and instantaneous media coverage. Talk with the person who made the notification to get valuable information. The text of the notification message is general.

b. The casualty report will state the exact type of mission the individual was on at the time (for example, service resupply, combat assault, or reconnaissance mission) and where the incident occurred. Get this information from the CAC. The information will help expand the report to the NOK and establish the rapport required to carry out the duties as CAO.

c. Do not speak on subjects when there is little knowledge or understanding. When an answer is not known, simply say so and advise the NOK an answer will be forthcoming. Then get the answer from someone who does know and inform the NOK. Never answer a question without knowing the answer. Never promise anything unless it can be carried out. Otherwise, the credibility and value of the CAO to the NOK is lessened.

d. Many cases continue for years. The CAO will keep notes of each visit and all later visits, a journal will prove valuable as the case continues. Record only the most important items in the presence of the NOK. Other impressions and minor items can be recorded as soon as possible after the visit with the NOK; never sit in the car in front of the house making notes. Complete DA Form 2204–R. This form is a checklist of things to be done and serves as a record of completed actions; and identifies problem areas and actions taken.

6–31. Initial visit

a. The initial visit will be difficult for both the CAO and the NOK. Try not to show any fear or misgivings because the NOK will be looking for strength, comfort, and guidance. Be careful not to be too pessimistic. Maintain an objectivity in whatever is said or done during the visit.

b. One of the challenges will be the NOK's thirst for information. Keep in close touch with the CAC and inform the NOK of any new information. Be sure to amplify what has already passed, and that more specific information has not been received. Impress on the NOK that the U.S. Army is doing everything possible to learn of the missing soldier's fate, and that as the CAO, the NOK will be immediately notified of any further information. There is not much more to say after discussing the initial report. Since the NOK will probably still be in a state of dismay over the news, he or she may be unable "to discuss business." During the next few days the NOK will have a chance to regain composure; then, it will be easier to explain what must be done.

c. Ensure that the NOK is provided a DA Form 5516 prior to leaving on this visit. This card will provide the NOK with a written reference for the CAO's name and telephone numbers.

Note. The casualty assistance referral card should be completed by typewriter or by neatly printing in black or blue ink.

d. Find out if the NOK needs any immediate financial assistance. Most will not, but if the NOK does, explain the services available via the AER and the ARC and how these services may be obtained.

6–32. Four-day visit

a. The second official visit should be within 4 days of the first. Between the two visits, call the NOK daily to assure him or her of continuing interest by relating any additional information. Before the second visit, call the CAC to get the latest status. Usually there will be no change, but by checking on the status the NOK can be assured of receiving the latest information available.

b. During the second visit the NOK may appear to be in a better emotional state, but still apprehensive about the uncertain situation. The NOK may express deep concern not only for the soldier's well being, but may also have doubts and fears. Be prepared to counter them with a smooth, forceful, and comprehensive briefing of what will occur during the next 60 days.

c. Although the NOK has two concerns (soldier's fate and his or her own position), it is wise to discuss the soldier's fate first. Relate the existence of a board of officers convened by HQDA to investigate the facts surrounding the soldier's missing status. Carefully explain that this board will question all possible witnesses and examine all evidence for the sole purpose of making a recommendation. Being mindful of the impact this will have on the NOK, point out the possible recommendations available—continued missing, change status to missing in action, captured by a hostile force, or change status from missing to deceased based on existing evidence. Tell the NOK that this investigation will take approximately 60 days and that the results will be made available to them.

6–33. Seven-day visit

a. This visit will take place only after the NOK has received a definitive telegram/mailgram from CMAOC. At this time review the procedures outlined in the telegram that will be followed by the board, the recommendations it may make, and the final action that may be taken. Be especially sympathetic to the needs of the NOK, for this telegram/mailgram will confirm the fact that a report of death may be a possibility. The NOK will have to wait approximately 60 days for the board's decision.

b. The second concern by the NOK is his or her own welfare, particularly financial matters. The NOK should be provided with information on the financial matters that will affect him or her during the period the soldier is in a missing status. Information given the NOK will include that discussed below.

(1) Continuation of financial support as follows—

(a) All pay and allowances being earned before an absence continue to be credited to the soldier's account.

(b) All allotments also remain in effect and Federal income tax relief continues if such relief was already in existence.

(2) Whether the soldier specified on his or her DD Form 93 the percentage of monthly pay entitlements to be paid and to whom. The NOK will be informed that—

(a) The Secretary of the Army may alter the designated allotment in the best interests of the soldier. These allotments are paid by check from Defense Finance and Accounting Service (DFAS) until the soldier is returned to military control or declared deceased.

(b) Provisions exist whereby this allotment may be increased if satisfactory evidence shows that the NOK need additional financial support.

(3) The CAO will discuss finances with the NOK again after the soldier has been missing for 30 days as that will be the time that DFAS will begin making payments stipulated by the soldier.

(4) A reminder to the NOK that emergency financial assistance may be available from AER or ARC. In this instance, the CAO should provide help to the NOK in requesting such assistance.

c. The NOK should be told that when the soldier has been carried in a missing status for more than 29 days, the law provides for movement of the soldier's personal property. If the soldier is carried in a missing status for more than 1 year, the NOK may request authorization for an additional movement of the personal property. If the NOK intends to relocate or needs additional information, you should schedule a visit to the installation transportation office.

d. If the NOK is living in Government-controlled quarters and the soldier is missing in action, the family will be allowed to continue to live in the quarters. At the end of 1 year and 1 day, a determination will be made on the soldier's status. If the soldier remains in a MIA status, the family will be allowed to remain in the quarters until the soldier's status changes due to further review or final determination.

e. If the soldier is a POW the family will be permitted to continue to live in Government quarters until the soldier's status changes. At that time, it will be determined whether the family is entitled to such quarters.

f. Dependent NOK should be told that they are entitled to the same medical care as they were entitled to before the soldier was missing. Continued enrollment in the Defense Enrollment Eligibility Reporting System (DEERS) is required.

g. Legal assistance is available to dependent NOK through the Staff Judge Advocate's office. It consists of advice on matters such as estate planning, income taxes, powers of attorney, wills, property damage/loss claims, the Soldiers and Sailors' Civil Relief Act, and naturalization and citizenship. If the NOK needs this service, arrange an appointment.

h. Finally, accompany the NOK to the local VA regional office. Their experts will explain the entitlements and benefits that may accrue to a dependent while the soldier is in a missing status.

i. No social security benefits are applicable to NOK when the sponsor is in a missing status.

6–34. Thirty-day visit

The purpose of this visit is to review the financial status of the NOK to determine whether the first check from DFAS has been received and to assist in applying for a change in allotment authorization if the situation warrants.

6–35. Sixty-day visit

a. The 60-day visit will be scheduled after the PNOK receives a letter from CMAOC. This letter will review all circumstances leading up to the soldier's disappearance. It will summarize the Missing Persons Board proceedings and state of official status (missing/MIA or captured) of the soldier by HQDA. This letter will stipulate that the soldier's status is subject to review when more information is uncovered; or if none is uncovered, the soldier's status will be reviewed mandatorily after 1 year.

b. The 60-day visit is very important for the NOK. It may mean the soldier will be retained in a missing status rather than declared dead. If so, the NOK's reaction will most likely be relief and hope--relief, due to the passage of an important milestone for which waiting was almost unbearable; and hope, because the Missing Persons Board could not uncover sufficient evidence to support a contention that the soldier is dead. The visit is important to the CAO, too, because it means assisting the NOK for an indefinite period.

c. If there is evidence that supports the conclusion that the soldier could not still be alive, a presumptive finding of death may be rendered at that time.

6–36. Subsequent monthly visits

Following the 60-day visit, contact the NOK monthly as long as the soldier continues in a missing status. Whether just visiting the NOK or just telephoning will be up to the NOK. In any case, periodically telephone the NOK just to afford him or her the opportunity to "chat". Always keep the CAC informed of visits and contacts with the NOK.

Section VI
Casualty Assistance to the NOK of Retired Soldiers and Civilian Employees

6–37. Assistance to the NOK of military retirees

a. The NOK of military retirees are entitled to the same casualty assistance as NOK of soldiers who die while on AD. However, no death gratuity will be paid, and the costs incurred for the care and disposition of remains of retired members must be paid from private funds, unless soldiers are retired and retained as patients (not discharged) in a Government hospital. When a military retiree's death occurs in a foreign country and American consulate or embassy officials are required or requested to become involved in the disposition of remains or the estate, the American consulate or embassy, upon request, will be provided a copy of the initial casualty report. The State Department's consular representative in the country concerned will be the official who assists in the disposition of the remains. The State Department's point of contact in Washington, DC, on such matters is the Special Consular Services.

b. When a commander is advised that a retired person in his or her area has died, the commander will provide assistance to the NOK. Since information about the death of retired persons is usually not very timely, it will not always be practical to assume that assistance must be provided in person. CAC personnel should contact the NOK to determine the extent of assistance needed. Most retiree cases can be

handled over the phone. CACs should develop information packets that can be mailed to the NOK containing the necessary forms and postage paid return envelopes, along with instructions and/or a telephone number to call, if further assistance is required by the NOK. If no assistance is desired, a CAO will not be appointed.

c. The CAO should contact Retired Pay Operations, Defense Finance and Accounting Service, Defense Finance and Accounting Service, Indianapolis, IN 46249, to obtain information concerning survivor benefits, allotments, etc.

6–38. Assistance to the NOK of civilian employees

Casualty assistance will be provided to the PNOK of all DA civilians who die while assigned, deployed or TDY outside the 50 States and the District of Columbia. Overseas commanders will ensure that the CPO responsible for the area provides casualty assistance to the NOK. This assistance will not exceed that prescribed in this regulation for military family members. While such assistance will not normally be given after the family members enter CONUS, the responsible commander will transfer the case to the proper CAC so that he or she may furnish pertinent information to the civilian personnel officer at the installation nearest the NOK.

6–39. Disposition of DA Form 2204–R (Casualty Assistance Reports)

The DA Form 2204–R will be forwarded through channels to the responsible CAC or major overseas commander for review and corrective action. CACs responsible for providing casualty assistance to the NOK of deceased active duty soldiers and soldiers who have separated/retired within 120 days will submit the original DA Form 2204–R to Cdr, PERSCOM, (TAPC–PEC). The form will be forwarded upon completion, but not later than 120 days after submission of the initial casualty report. CACs will continue to maintain the form for retirees. A copy of the completed report will be maintained by the CAC.

Section VII
Obtaining Personal Information from the NOK of a Deceased Individual

6–40. Obtaining information

To settle a deceased individual's personal affairs and financial accounts, personal information pertaining to the decedent is normally required from the NOK. In order to protect both the deceased and the NOK, the NOK will be advised of the necessity to disclose the information covered by the provisions of the Privacy Act.

6–41. Advising the NOK

The NOK of a deceased individual will be advised of the reasons for disclosure of the requested information. This advisement will be accomplished by providing the NOK a copy of DA Form 4475–R (Data Required by the Privacy Act of 1974 Personal Information from NOK of a Deceased Service Member). This form is the only manner of advisement required before requesting information from the NOK. DA Form 4475–R will be locally reproduced on 8 1/2 by 11 inch paper. A copy for local reproduction can be found at the back of this regulation.

6–42. Forms assistance and preparation

The CAO will assist the NOK in the preparation of numerous forms and applications relating to benefits and entitlements. These forms may require information contained from other military/non-military forms/documents. The VA forms which are not available through normal channels may be obtained at the regional VA office. The following forms are the most commonly used—DA Form 2 (Personnel Qualification Record - Part I)
DA Form 2A (Personnel Qualification Record, Part I - Enlisted Peacetime)
DA Form 2B (Personnel Qualification Record, Part I - Commissioned and Warrant Officers Peacetime and Wartime)
DA Form 2–1 (Personnel Qualification Record)
DA Form 2–2 (Insert to Personnel Qualification Record of Court-Martial Convictions)
DA Form 78 (Recommendation for Promotion of Officers)
DA Form 200 (Transmittal Record)
DA Form 201 (Military Personnel Records Jacket, US Army)
DA Form 543–R (Request for Records)
DA Form 1155 (Witness Statement on Individual)
DA Form 1156 (Casualty Feeder Report)
DA Form 1574 (Report of Proceedings by Investigating Officer/Board of Officers)
DA Form 2173 (Statement of Medical Examination and Duty Status)
DA Form 2765–1 (Request for Issue or Turn-In)
DA Form 2823 (Sworn Statement)
DA Form 2984 (Very Seriously Ill/Seriously Ill/Special Category Patient Report)
DA Form 3037 (Officer Record Brief)
DA Form 3078 (Personal Clothing Request)
DA Form 3168 (Posthumous Certificate of Promotion)
DA Form 3881 (Rights Warning Procedures/Waiver Certificate)
DA Form 4187 (Personnel Action)
DA Form 4475–R (Data Required by the Privacy Act of 1974 - Personal Information from the NOK of a Deceased Service member)
DA Form 5327–R (Bona Fide Dependent Declaration, Military)
DA Form 5328–R (Bona Fide Dependent Declaration, Civilian)
DA Form 5329–R (Escort Report)
DD Form 2A (ACT) (Active Duty Military ID)
DD Form 214 (Certificate of Release or Discharge from Active Duty)
DD Form 261 (Report of Investigation - Line of Duty and Misconduct Status)
DD Form 397 (Claim Certification and Voucher for Death Gratuity Payment)
DD Form 1172 (Application for Uniformed Services Identification DEERS Enrollment Card)
DD Form 1173 (Uniformed Services Identification and Privilege Card)
DD Form 1300 (Report of Casualty)
DD Form 1351–2 (Travel Voucher or Subvoucher)
DD Form 1351–4 (Voucher or Claim for Dependent Travel and Dislocation of Trailer Allowance)
DD Form 1375 (Request for Payment of Funeral and/or Interment Expenses)
DA Form 1563 (Honorable Service Certificate)
DD Form 1610 (Request and Authorization for TDY Travel of DOD Personnel)
DD Form 1701 (Inventory of Household Goods)
DD Form 1884 (Application for Annuity Under the Retired Serviceman's Family Protection Plan (RSFPP) and/or Survivor Benefit Plan (SPB)
DFAS-IN Form 20–258–R (Application for Annuity and/or Final Pay)
CSC Form FE–6 (Claim for Death Benefits (Federal Employee's Group Life Insurance)
Standard Form 1174 (Claim for Unpaid Compensation of Deceased Member of the Uniformed Services)
Standard Form 2800 (Application for Death Benefits - Civil Service Retirement System)
VA Form 21–530 (Application for Burial Benefits)
VA Form 21–534 (Application for Dependency and Indemnity Compensation or Death Pension by Surviving Spouse or Child)
VA Form 21–535 (Application for Dependency and Indemnity compensation by Parents)
VA Form 21–4138 (Statement in Support of Claim)
VA Form 21–4142 (Authorization for Release of Information)
VA Form 21–8834 (Application for Reimbursement of Headstone or Marker Expenses)
VA Form 22–5490 (Application for Survivors' and Dependents' Educational Assistance)
VA Form 29–4125 (Claim for One Sum Payment)
SGLV 29–8283 (Claim for Death Benefits)

VA Form 40–1330 (Application for Headstone or Marker to Placement in a Private or Local Cemetery)
VA Form 29–4125A (Claim for Monthly Payments, National Service Life Insurance).
VA Form 90–2008 (Application for United States Flag for Burial Purposes)
SSA–24 (Application for Survivors Benefits)

Figure 6–2. Sample Disposition of Remains Information Letter (CONUS)

Department of the Army
Organization Name/Title
City, State, and Zip Code

Casualty and Memorial Affairs Office (600-8-1a) *Date*

Mrs. Susan E. Henderson
1234 Old Guard Lane
City, State, and Zip Code

Dear Mrs. Henderson:

The Army desires to assist you in every way possible in the funeral arrangements of your husband (*Relationship*), Robert.

You have a choice as to whether you want the Army to assume responsibility for the preparation and shipment of the remains, or whether you want to make these arrangements yourself.

If you desire the Army to assume responsibility, we will provide for the embalming and preparation of the remains, a military metal casket, a military escort to accompany the remains, and movement by the fastest means to the funeral home, or to a Government cemetery of your choice that has grave space available. The Army also will make arrangement for cremation if you so desire. These services will be provided at Government expense.

If you prefer to personally handle all arrangements, please provide us the name and address of your funeral director. In this instance, you will be reimbursed for the expenses incurred in the preparation and casketing of the remains in an approximate amount of (*contract price or $1750*), or actual cost, whichever is less, plus the amount it would have cost the Government to transport the deceased to final destination.

Whether you desire the Army to make all arrangements or prefer the personally handle all arrangements, an interment allowance will be paid to help defray burial expense. If burial takes place in a civilian cemetery, the maximum allowance is $3100. If you consign the remains to a funeral home before burial in a National or Post Cemetery, the maximum allowance is $2000. Should you desire to have the remains shipped directly to the Superintendent of a National or Post Cemetery, the maximum allowance is $110. Facilities for viewing remains are not available at a National or Post Cemetery.

You should be advised that all quoted allowances are the maximum allowable limits and not all expenses are authorized for reimbursement. Authorized expenses are defined as ; single gravesite, opening and closing grave, cemetery equipment, burial receptacle, church service, clergy fee, soloist, organist, obituary notice, flowers, use of funeral home facilities, services of funeral director, limousine for immediate family, register book, memory folders, and sales tax.

The unauthorized expenses are defined as ; two or more grave spaces, gratuities, musicians honorarium, headstone photo, clergy vehicle, church sexton, lead car, burial permit, transportation for autopsy, transfer remains for x-ray, three or more certified copies of Death Certificate, vault delivery and setting fee, headstone engraving, civilian escorts by funeral homes, supervise burial service, donations to specific organizations in name of deceased, and food/cafeteria charges.

Please inform me if the Army can assist you in any way or if you have any further questions, you may call my office at (703) 132-5577. (*List local phone number*)

Indicate your selection on the enclosed DA Form 7302-R (Disposition of Remains Statement).

Sincerely,

Michael P. Robinson
Major, United States Army
Mortuary Officer
Fort Bliss, TX

Enclosure

DISPOSITION OF REMAINS STATEMENT

For use of this form, see AR 638-2; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	Title 10 USC, Sections 1481 through 1488; EO 9397.
PRINCIPAL PURPOSE:	To record disposition of remains desired by next of kin.
ROUTINE USES:	By Department of Army to enable next of kin to apply for authorized benefits.
DISCLOSURE:	Disclosure of requested information is voluntary; however, if not provided, benefits cannot be provided.

1. NAME OF DECEASED *(Last, First, Middle Initial)*	2. RANK OF DECEASED	3. SSN OF DECEASED
HENDERSON, Michael J.	MSG	123-45-6789

4. NAME AND ADDRESS OF NEXT OF KIN ENTITLED TO DIRECT DISPOSITION	5. RELATIONSHIP TO DECEASED
Susan E. Henderson 123 Old Guard Way City, State, Zip Code	Spouse

6. DESIRED DISPOSITION OF REMAINS *(Check and initial appropriate option)*

OPTION 1 [X]

The remains be prepared, dressed, casketed and transported to the funeral home named below with subsequent interment in a civilian cemetery. NAME AND ADDRESS OF FUNERAL HOME AND, IF KNOWN, CIVILIAN CEMETERY:

Wagner Funeral Service
321 Soldiers Way
City, State, Zip Code

Riverview Memorial Gardens
777 River Road
City, State, Zip Code

C.E.H. *(Initials)*

MY FIRST CHOICE OF CASKET IS: *(Select one)* [X] METAL [ ] WOOD

Reimbursement for interment expenses not to exceed $3100.00

OPTION 2 [ ]

The remains be prepared, dressed, casketed and transported to the funeral home named below with subsequent interment in a Government cemetery. NAME AND ADDRESS OF FUNERAL HOME AND GOVERNMENT CEMETERY:

_____ *(Initials)*

MY FIRST CHOICE OF CASKET IS: *(Select one)* [ ] METAL [ ] WOOD

Reimbursement for interment expenses not to exceed $ 2000.00

OPTION 3 [ ]

The remains be prepared, dressed, casketed and transported direct to Government cemetery named below. NAME AND ADDRESS OF GOVERNMENT CEMETERY:

_____ *(Initials)*

MY FIRST CHOICE OF CASKET IS: *(Select one)* [ ] METAL [ ] WOOD

Reimbursement for interment expenses not to exceed $ 110.00

OPTION 4 [ ]

I desire the remains be cremated. I authorize the U.S. Army to act as my agent in arranging the cremation. I certify that I have the legal right to make this authorization and agree that I will hold the U.S. Army, my agent, harmless against any liability on account of cremation. I also request that the inurned cremated remains be escorted by a military escort to: *(NAME AND ADDRESS OF FUNERAL HOME AND/OR CEMETERY)*

_____ *(Initials)*

MY CHOICE OF URN IS: *(Select one)* [ ] BRONZE [ ] WOOD

Reimbursement for interment expenses not to exceed amounts in options 1, 2, & 3 depending on interment in civilian or government cemetery and use of funeral home or direct consignment to government cemetery.

OPTION 5 [ ]

I desire to make all arrangements. Release remains to the following funeral home. NAME AND ADDRESS OF FUNERAL HOME:

_____ *(Initials)*

Reimbursement for preparation, dressing, and casketing of remains not to exceed $ 1750.00

Reimbursement for interment expenses not to exceed amounts in options 1 and 2 depending on interment in civilian or government cemetery. Reimbursement of transportation charges for transportation of remains not to exceed amount it would have cost the Government to transport the remains.

7. AUTHORIZATION

I, the undersigned, authorize the release of remains and desire disposition to be effected as indicated above.	a. DATE
	7 April 1994

b. TYPED OR PRINTED NAME OF WITNESS	d. TYPED OR PRINTED NAME OF NEXT OF KIN
David A. Lanier	Susan E. Henderson
c. SIGNATURE OF WITNESS	e. SIGNATURE OF NEXT OF KIN
David A. Lanier	Susan E. Henderson

DA FORM 7302-R, JAN 94

Figure 6–3. Sample of a completed DA Form 7302–R Disposition of Remains)

Figure 6–4. Sample Memorandum—Authorization for Cremation and Inurement

Department of the Army
Organization Name/Title
City, State, and Zip Code

Casualty and Memorial Affairs Office *Date*

MEMORANDUM FOR Organization Name/Title, City, State, and Zip Code

SUBJECT: Authorization for Cremation and Inurnment

1. I, the undersigned, hereby request and authorize the U. S. Army to act as my agent, in accordance with laws and regulations, to cremate and inurn the remains of my MSG Robert O'Neil Henderson, 919-19-0001 (*Insert rank, full name, and SSN*).

2. I certify that I have the legal right to make this authorization and agree that I will hold the U.S. Army, my agent, it's officers, agents and employees harmless against any liability on account of cremation. I also request that the inurned cremated remains be hand carried by a military escort to:

Collins Funeral Home, Inc.
2177 Falls Church Boulevard
City, State, and Zip Code
Telephone 123-456-7890

(*Signature Block*)
Person Authorized to
Direct Disposition

Witness Signature:

(*Signature Block*)

Figure 6–5. Sample Memorandum—Disposition Relinquishment

Department of the Army
Organization Name/Title
City, State, and Zip Code

Casualty and Memorial Affairs Office *Date*

MEMORANDUM FOR Organization Name/Title, City, State, and Zip Code

SUBJECT: Disposition Relinquishment

1. I the undersigned, having the paramount right and responsibility to direct the disposition of the remains, hereby relinquish my rights to the disposition of the remains of my husband, MSG Robert O'Neil Henderson, 919-19-0001 (*Insert rank, full name, and SSN*).

2. I also certify that I have the legal right to make this authorization and release the U.S. Army, it's officers, agents and employees from any and all liability which may arise from the disposition relinquishment.

(*Signature Block*)
Person Authorized to
Direct Disposition

Witness Signature:

(*Signature Block*)

Figure 6–6. Sample Memorandum—Request for Special Escort

Department of the Army
Organization Name/Title
City, State, and Zip Code

Casualty and Memorial Affairs Office *Date*

MEMORANDUM FOR Organization Name/Title, City, State, and Zip Code

SUBJECT: Disposition Relinquishment

1. I request the individual named below as the special escort for my husband, MSG, Robert O'Neil Henderson, 919-19-0001 (*Insert rank, full name, and SSN*) from the port of entry mortuary to the place of consignment. I fully understand it may delay the release of remains by (*insert # of days*). I also understand that the Army will make every effort to fulfill my request. However, there is no guarantee that my by-name-request will be available due to unforeseen circumstances or the needs of the military service. The Army will provide an escort if my request can not be honored.

2. Name of requested escort: (*Insert rank, full name, SSN, organization, installation, and telephone*).

(*Signature Block*)
Person Authorized to
Direct Disposition

Witness Signature:

(*Signature Block*)

Figure 6–7. Sample Letter—Request for Copy of Autopsy Report

Mrs. Susan E. Henderson
2177 Falls Church Boulevard
City, State, and Zip Code
(123) 456-7890

Date

Commander
U.S. Army Medical Department Center and School
Patient Administration Systems and Biostatistics Activities
(HSHI) 1216 Stanley Road
Fort Sam Houston, Texas 78234-6100

Dear Sir:

My husband, MSG Robert O'Neil Henderson, 919-19-0001 (*insert rank, full name, and SSN*), died on July 30, 1993, at Dale City, VA. (*Insert date of death and place of death*).

I am the primary next-of-kin, wife (*insert relationship*). Enclosed is a copy of the completed DD Form 1300 (*Report of Casualty*). Upon completion, please forward a copy of the ''Autopsy Report'' to the following address:

Mrs. Susan E. Henderson
2177 Falls Church Boulevard
City, State, and Zip Code

Enclosure (*Signature Block*)

Figure 6–8. Sample Letter—Request for Accident Report

Mrs. Susan E. Henderson
2177 Falls Church Boulevard
City, State, and Zip Code
(123) 456-7890

Date

Commander
U.S. Army Safety Center
ATTN: CSSC-ZJA
Fort Rucker, Alabama 36362-5363

Dear Sir:

My husband, MSG Robert O'Neil Henderson, 919-19-0001 (*insert rank, full name, and SSN*), died on July 30, 1993, at Dale City, VA. (*Insert date of death and place of death*).

I am the primary next-of-kin, wife, (*insert relationship*). Upon completion, please forward a copy of the ''accident report'' to the following address:

Mrs. Susan E. Henderson
2177 Falls Church Boulevard
City, State, and Zip Code

(*Signature Block*)

Figure 6–9. Sample Letter—Request for Copy of CID/MP Report

Mrs. Susan E. Henderson
2177 Falls Church Boulevard
City, State, and Zip Code
(123) 456-7890

Date

Criminal Investigation Division
U.S. Army Crime Records Center
ATTN: CICR-FP
2301 Chesapeake Avenue
Baltimore, Maryland 21222-4099

Dear Sir/Madam:

My husband, MSG Robert O'Neil Henderson, 919-19-0001 (*insert rank, full name, and SSN*), died on July 30, 1993, at Dale City, VA. (*Insert date of death and place of death*).

I am the primary next of kin, wife, (*insert relationship*). Upon completion, please forward a copy of the complete Criminal Investigation Division Report and Military Police Report to the following address:

Mrs. Susan E. Henderson
2177 Falls Church Boulevard
City, State, and Zip Code

(*Signature Block*)

Figure 6–10. Sample Letter—Request for Complete Report of Investigation

Mrs. Susan E. Henderson
2177 Falls Church Boulevard
City, State, and Zip Code
(123) 456-7890

Date

Commander
U.S. Total Army Personnel Command
ATTN: TAPC-PED-A
2461 Eisenhower Avenue
Alexandria, Virginia 22331-0482

Dear Sir:

My husband, MSG Robert O'Neil Henderson, 919-19-0001 (*insert rank, full name, and SSN*), died on July 30, 1993, at Dale City, VA. (*Insert date of death and place of death*).

I am the primary next of kin, wife, (*insert relationship*). Upon completion, please forward a copy of the ''Report of Investigation'' (*Line-of-Duty*) to the following address:

Mrs. Susan E. Henderson
2177 Falls Church Boulevard
City, State, and Zip Code

(*Signature Block*)

M TAB TAB TAB TAB

CASUALTY ASSISTANCE REPORT

For use of this form, see AR 600-8-1; the proponent agency is The Commander MILPERCEN

DATE: 24 Sep 93

TO: Casualty Area Command
Fort Belvoir, VA 22060

FROM: SGM Michael J. Robinson
Co A 2d Bn 11th AV
Ft Belvoir, VA 22060

DECEASED OR MISSING

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. GRADE	3. SERVICE NO./SSN
Henderson, Robert O.	MSG	919-19-0001

4. ORGANIZATION AND STATION: Co A, 307th Engr BN, Fort Belvoir, VA 22060

	a. DATE	b. PLACE
5. Death or Missing Status	2 Sep 93	Dale City, VA
6. Death - Interment	5 Sep 93	Arlington National Cemetery

NEXT OF KIN AND DEPENDENTS

7. GIVE NEXT OF KIN FIRST AND ADULT NEXT OF KIN SECOND. INDICATE IF SAME.

LAST NAME - FIRST NAME - MIDDLE INITIAL	ADDRESS	RELATIONSHIP	CONTACTED YES	CONTACTED NO
Henderson, Susan E.	123 Old Guard Lane City, State, Zip Code	Wife	X	
Henderson, George O.	31 Baltimore Court City, State, Zip Code	Father	X	
Henderson, Beverly A.	31 Baltimore Court City, State, Zip Code	Mother	X	

8. a. NEW ADDRESS OF NEXT OF KIN *(No., street, city, and state)*. IF MOVING *b.* SCHEDULED DATE OF ARRIVAL

No move anticipated at this time.

IN THE FOLLOWING LIST OF ACTIONS AND/OR BENEFITS INDICATE THE DATE OR DATES THAT ACTION WAS TAKEN. SPECIFY TYPE OF ACTION AS FOLLOWS: COUNSELLING (C), ASSISTANCE (A) OR REFERRAL (R), CLAIM OR APPLICATION SUBMITTED (CS), NO ACTION REQUIRED (NA), COUNSELLED, NO ACTION REQUIRED (CNA).

ITEM	ACTION	DATE(S)
9. Initial Contact Made *(include time with date)* [1]	A	3 Sep 93
10. Death Gratuity Pay [2]	C	3 Sep 93
11. DA Pamphlet 608-4 Furnished *(Active)*	CNA	3 Sep 93
12. DA Pamphlet 600-5 Furnished *(Retired)*	NA	
13. Burial Arrangements and Rights	C	4 Sep 93
a. Funeral Services	C	4 Sep 93
b. Military Honors	C	4 Sep 93
c. National or Post Cemetery	C	4 Sep 93
d. Assistance at National/Post Cemetery	C	4 Sep 93
e. Flag to Drape Casket	C	4 Sep 93
f. Headstone or Marker or Monetary Allowance	C	4 Sep 93
g. Reimbursement for Preparation and Transportation of remains if privately arranged [2]	C	4 Sep 93
h. Interment Allowance [2]	C	4 Sep 93
14. Financial Assistance *(AER, ARS, or ARC)* [1]	CNA	3 Sep 93
15. Unpaid Pay & Allowance	C	8 Sep 93
16. Veterans Education Asst Program	C	8 Sep 93

[1] *Which may be applicable to "missing" personnel cases.*
[2] *NOT generally applicable to retired personnel cases.*

CONTINUED ON REVERSE

DA FORM 2204-R, MAY 86 EDITION OF SEP 66 IS OBSOLETE

Figure 6–11. Sample of a completed DA Form 2204–R

M	TAB	TAB
ITEM	ACTION	DATE(S)
17. Allotment Adjustments *(Missing cases only)* [1,2]	NA	
18. Official Statement of Death	C	8 Sep 93
19. Will And/Or Personal Affairs Record	C	8 Sep 93
20. Travel of Dependents [1,2]	NA	
21. Assistance at Intermediate Points	NA	
22. Movement of Household Goods [1,2]	NA	
23. Personal Effects [1,2]	NA	
24. Decorations and Awards [1,2]	C	8 Sep 93
25. Claims for Loss or Destruction of Personal Property [1,2]	CNA	8 Sep 93
26. Claims in Favor of U.S. *(AR 27-40)*	C	8 Sep 93
27. Government Life Insurance *(USGLI, NSLI, and SGLI)*	C	8 Sep 93
28. Commercial Life Insurance	C	8 Sep 93
29. Settlement of Accounts	C	8 Sep 93
30. United States Savings Bonds	C	8 Sep 93
31. Survivor Benefit Plan	C	8 Sep 93
32. Ret Servicemen's Family Protection Plan	NA	
33. Uniformed Services Identification and Privilege Card [1] *(DD Form 1173)* [1]	CA	8 Sep 93
a. Medical Care [1]	C	8 Sep 93
b. Commissary Store Privilege [1]	C	8 Sep 93
c. Post Exchange Privilege [1]	C	8 Sep 93
d. Military Motion Picture Theater Privilege [1]	C	8 Sep 93
34. Social Security Lump-Sum Payment for Burial Expenses	CA	9 Sep 93
35. VA Burial Allowance *(Retired cases only)*	NA	
36. VA Compensation or Pension	CA	9 Sep 93
37. Social Security Benefits	CA	8 Sep 93
38. Homestead Preference	NA	
39. Home Loan Guaranty by VA	CNA	8 Sep 93
40. Railroad Retirement Death Benefits	NA	
41. State Benefits	CA	9 Sep 93
42. Education of Children	CA	9 Sep 93
43. Civil Service Survivor Annuties	NA	8 Sep 93
44. Civil Service Job Preference	C	9 Sep 93
45. Legal Assistance [1]	C	8 Sep 93
46. Income Tax [1]	C	8 Sep 93
47.		

48. REMARKS *(Give any favorable or unfavorable comments made by next of kin. Express attitude shown toward DA, whether appreciative or critical.)*

Mrs. Henderson was very happy with the services provided by everyone.

Assisted Mrs. Henderson with a request for a Line-of-Duty investigation report she requested.

49. TIME AND DATE CASE RECEIVED BY ASSISTANCE OFFICER	50. DATE CASE COMPLETED
1000 2 Sep 93	20 Nov 93
TYPED NAME AND GRADE OF CASUALTY ASSISTANCE OFFICER	SIGNATURE OF CASUALTY ASSISTANCE OFFICER
MICHAEL J. ROBINSON SGM Casualty Assistance Officer	Michael J. Robinson

[1] *Which may be applicable to "missing" personnel cases.*
[2] *NOT generally applicable to retired personnel cases.*

REVERSE OF DA FORM 2204-R, MAY 86

Figure 6–11. Sample of a completed DA Form 2204–R—Continued

APPLICATION FOR ANNUITY and/or FINAL PAY

NOTE: Please read and follow the attached instructions for completing and submitting this form.

READ PRIVACY ACT STATEMENT ON REVERSE SIDE BEFORE COMPLETION

ENCLOSE A COPY OF THE DEATH CERTIFICATE AND ANY FEDERAL CHECKS DRAWN TO THE ORDER OF DECEASED FOR PAYMENT OF RETIRED PAY

SECTION I. Information concerning DECEASED RETIRED MEMBER

1. NAME OF DECEASED RETIREE (Last, First, Middle Initial)	2. SOCIAL SECURITY NUMBER	3. DATE OF DEATH
HENDERSON, Robert O.	991-19-0001	23 Sep 93

SECTION II. Information concerning APPLICANT

4. NAME OF APPLICANT (Last, First, Middle Initial)	5. SOCIAL SECURITY NUMBER	6. CITIZENSHIP
HENDERSON, Susan E.	901-29-1001	US

7. HOME ADDRESS	8. RELATIONSHIP	9. DATE OF BIRTH
1234 Old Guard Lane Alexandria, VA 12345-2000	Wife	15 Apr 56

10. MAILING ADDRESS FOR CHECKS	11. TELEPHONE NUMBER
Same as item 7	(123) 456-7891

12. WERE YOU MARRIED TO THE DECEASED AT THE TIME OF DEATH YES X NO ___	13. DATE OF MARRIAGE	14. PLACE OF MARRIAGE (City and State)
	11 Aug 72	Baltimore, MD

SECTION III. CHILD INFORMATION

List unmarried children under 23 years of age and unmarried children incapable of self support regardless of age.
Place an "X" in last block if child is pursuing a full-time course of study.

	15. FULL NAME OF CHILD	16. SOCIAL SECURITY	17. DATE OF BIRTH	18. "X"
a.	Henderson, Claudia D.	923-29-1002	15 Apr 76	
b.	Henderson, Caroline M.	932-56-1976	4 Jul 78	
c.				

SECTION IV. TAX STATUS - WITHHOLDING EXEMPTIONS

19. MARITAL STATUS SINGLE___MARRIED X MARRIED, BUT WITHHOLD AT SINGLE RATE___OR EXEMPT___	20. NO OF EXEMPTIONS	21. ADDITIONAL WITHHOLDING TAX
	1	None

NOTE: THIS OFFICE IS NOT AUTHORIZED TO WITHHOLD STATE TAX FROM YOUR ANNUITY AT THIS TIME. YOU SHOULD CONTACT YOUR LOCAL STATE TAX OFFICIALS.

I HAVE REVIEWED THE EXPLANATORY MATERIAL ATTACHED TO THE STANDARD IRS FORM W4P AND SUBMIT THE ABOVE IN LIEU THEREOF

SECTION V. CLAIM CERTIFICATION AND SIGNATURES

22. SIGNATURE OF APPLICANT	23. DATE
Susan E Henderson	1 Nov 93

24. FIRST WITNESS SIGNATURE	25. DATE
Robert O. Pearson	1 Nov 93

26. ADDRESS
4321 Old Guard Street Alexandria, VA 12345-3000

27. SECOND WITNESS SIGNATURE	28. DATE
Nina D. Lewis	1 Nov 93

29. ADDRESS
3124 Baltimore Street Falls Church, VA 21333-5000

"SBP" APPLICANTS MUST COMPLETE THE AFFIDAVIT ON THE REVERSE

DFAS-IN FORM 20-258-R AUG 91 REPLACES DFAS-IN FORM 20-258-R, MAR 91, WHICH IS OBSOLETE

Figure 6–12. Sample of a completed DFAS–IN Form 20–258–R

SECTION VI. STATEMENT OF UNDERSTANDING - DEPENDENCY AND INDEMNITY COMPENSATION (DIC) UNDER THE SURVIVOR BENEFIT PLAN (SBP)

I UNDERSTAND THAT UNDER SBP:

a. My annuity will be established in FULL if my entitlement to DIC from the Veterans Affairs (VA) is not known by the Defense Finance and Acounting Service -Indianapolis Center (DFAS-IN);

b. I cannot receive both SBP and DIC in the full amounts from the same retiree;

c. I am only entitled to the amount of the SBP annuity that exceeds the DIC payment that may be payable.

If the VA determines that I am entitled to DIC, I will notify the Retired Pay Operations, DFAS - Indianapolis Center, Indianapolis, IN 46249-1536 of the amount of DIC award and the date it was effective.

If any overpayments of SBP benefits occur, my signature on this statement authorized the VA to repay the DFAS - Indianapolis Center the amount of the overpayment from the DIC payments to which I may become entitled.

30. HAVE YOU APPLIED TO THE VETERANS AFFAIRS FOR BENEFITS? YES (NO)

a. If "yes" complete the following:

VA Claim Number _____

Amount of Award _____

ADDRESS OF VA OFFICE THAT HANDLES YOUR CLAIM *(List City, State and Zip Code)*

b. If "no", do you intend to apply for Benefits? (YES) NO

31. SIGNATURE OF APPLICANT Jason E. Anderson

32. DATE 1 Nov 93

WITNESS INSTRUCTIONS

Fines, penalties of forfeitures may be imposed by law for the making of false or fraudulent claims against the United States or by making of false statements.

a. When making a claim for Final Pay, two witnesses who are well acquainted with the claimant are required to witness the claimant's signautre. Their signatures, addresses and date signed should be recorded in blocks 24 through 29 of Section V, Claim Certification and Signature.

b. When this form is signed by the mark "X", or another person signs for the annuitant due to physical inability to write, the mark and signatures must be witnessed by two parties in blocks 24 through 29 of Section V, Claim Certification and Signatures.

DATA REQUIRED BY PRIVACY ACT OF 1974

AUTHORITY: Public Law 92-425 and 90-485 System A0305.10c DACA

PURPOSE/USE: To establish and compute pay of retirees and their beneficiaries; to produce permanent record of transactions; and to prepare financial, budgetary, and actuarial reports, allowing eligible claimants to apply for arrears of pay and/or annuity.

DISCLOSURE: Disclosure of Social Security Number is voluntary. However, failure to provide SSN could result in delay due to duplication of names within the personnel information system.

Figure 6–12. Sample of a completed DFAS–IN Form 20–258–R—Continued

Respondent Burden: 20 Minutes

Department of Veterans Affairs

(DO NOT WRITE IN THIS SPACE)
VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT – Read instructions carefully before completing form. YOUR COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY. Type or print all information.

1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN
John Wayne Doe

2. SOCIAL SECURITY NO. OF VETERAN
000-00-0000

3. VA FILE NO.
C-

4A. FIRST, MIDDLE, LAST NAME OF CLAIMANT
Jane Ann Doe

4B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
1234 Old Guard Lane
City, State Zip Code

PART I – INFORMATION REGARDING VETERAN

5A. DATE OF BIRTH
20 May 48

5B. PLACE OF BIRTH
Soldiers Forever, VA

6A. DATE OF DEATH
10 Nov 93

6B. PLACE OF DEATH
Arlington, VA

6C. DATE OF BURIAL
14 Nov 93

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

7A. ENTERED SERVICE DATE	7A. ENTERED SERVICE PLACE	7B. SERVICE NO.	7C. SEPARATED FROM SERVICE DATE	7C. SEPARATED FROM SERVICE PLACE	7D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
670101	Columbus, SC	RA12980538	920930	Ft Meyer, VA	MSG, HHC USA Garrison U.S. Army

8. IF VETERAN SERVED UNDER NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

9. ARE YOU CLAIMING THAT THE CAUSE OF DEATH WAS DUE TO SERVICE?
☐ YES ☒ NO

PART II – CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE – If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

10. PLACE OF BURIAL OR LOCATION OF CREMAINS
Arlington National Cemetary
Arlington, VA

11. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☒ YES ☐ NO (If "NO," complete items 13 and 14)

12. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "NO," complete items 13 and 14)

13. BURIAL PLOT, MAUSOLEUM VAULT, COLUMBARIUM NICHE, ETC. COST IS: (CHECK ONE)
☐ PAID BY ANOTHER PERSON(S)
☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR
☒ NONE
☐ DUE CEMETERY OWNER

14. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
Jane Ann Doe
1234 Old Guard Lane
Caity, State Zip Code

15. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND, IF CLAIMED, BURIAL PLOT (This includes cremation, cost of burial urn, and placement of cremains)
$ 4000.00

16. AMOUNT PAID
$ 4000.00

17. WHOSE FUNDS WERE USED?
Self

18A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?
☐ YES ☒ NO (If "YES," complete items 18B and 18C)

18B. AMOUNT OF REIMBURSEMENT
$ None

18C. SOURCE OF REIMBURSEMENT
None

19A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?
☐ YES ☒ NO (If "YES," complete items 19B and 19C)

19B. AMOUNT
$300.00

19C. SOURCE(S)
Social Security

20. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☒ YES ☐ NO (Before answering, read and comply with Instruction 11)

VA FORM-
JUN 1992 **21-530**

EXISTING STOCKS OF VA 21-530, FEB 1991 WILL BE USED.

Figure 6–13. Sample of a completed VA Form 21–530

PART III – CLAIM FOR PLOT COST ALLOWANCE

IMPORTANT – Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

21. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?	22. PLACE OF BURIAL OR LOCATION OF CREMAINS	
23A. COST OF BURIAL PLOT *(Individual Grave Site, Mausoleum Vault, or Columbarium Niche)* $	23B. DATE OF PURCHASE	23C. DATE OF PAYMENT

24A. HAVE BILLS BEEN PAID IN FULL? ☐ YES ☐ NO *(If "NO," complete Item 24B)*	24B. AMOUNT PAID $	25. WHOSE FUNDS WERE USED?
26A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? ☐ YES ☐ NO *(If "YES," complete Items 26B and 26C)*	26B. AMOUNT OF REIMBURSEMENT $	26C. SOURCE OF REIMBURSEMENT
27A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE, ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? ☐ YES ☐ NO *(If "YES," complete Items 27B and 27C)*	27B. AMOUNT $	27C. SOURCE

PART IV – CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

28A. SIGNATURE OF CLAIMANT *(If signed by mark, complete Items 34A thru 35B)* *(If signing for firm, corporation, or State agency, complete Items 28B thru 29)*	28B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY

29. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

NOTE – Where the claimant is a firm or other unpaid creditor, Items 30A thru 33 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

30A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES *(If signed by mark, complete Items 34A thru 35B)* Jane Ann Doe	30B. NAME OF PERSON AUTHORIZING SERVICES *(Type or Print)* JANE ANN DOE

31. ADDRESS *(Number and street or rural route, City or P.O., State and Zip Code)*
1234 Old Guard Lane
City, State Zip Code

32. DATE	33. RELATIONSHIP TO VETERAN
20 Nov 93	Wife

WITNESS TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

34A. SIGNATURE OF WITNESS	34B. ADDRESS OF WITNESS
35A. SIGNATURE OF WITNESS	35B. ADDRESS OF WITNESS

PENALTY – The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

DEPARTMENT OF VETERANS AFFAIRS HEADSTONES AND MARKERS

The Department of Veterans Affairs will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals in a national or post cemetery are furnished automatically without request from the family.

For additional information and an application, contact the nearest VA office.

*U.S. Government Printing Office: 1992 — 329-048/69225

*U.S. Government Printing Office: 1992 — 329-048/69225

Figure 6–13. Sample of a completed VA Form 21–530—Continued

OMB Approved No. 2900-0004
Respondent Burden: 1 hour 15 minutes

Department of Veterans Affairs

(DO NOT WRITE IN THIS SPACE)
VA DATE STAMP

APPLICATION FOR DEPENDENCY AND INDEMNITY COMPENSATION, DEATH PENSION AND ACCRUED BENEFITS BY A SURVIVING SPOUSE OR CHILD (INCLUDING DEATH COMPENSATION IF APPLICABLE)

IMPORTANT - Read instructions carefully before completing this form. Answer all items fully. Detach and retain ONLY the instruction sheets. If more space is required, attach additional sheets and identify each answer by item number. Write clearly or print the answers.

1. NAME OF DECEASED VETERAN (First, middle, last)		2. VA FILE NO.
Robert O'Neil Henderson		XC/XSS 919-19-0001
3. IF VETERAN PREVIOUSLY APPLIED TO THE VA FOR ANY BENEFIT, INSERT VA FILE NUMBER, IF KNOWN, AND IF DIFFERENT FROM ITEM 2.	4. RAILROAD RETIREMENT NO. NA	5. SOCIAL SECURITY NO. OF VETERAN 919-19-0001
6A. NAME OF CLAIMANT (First, middle, last) Susan Elizabeth Hendrson		6B. DAYTIME TELEPHONE NO. (Include Area Code) (703)123-4567
6C. MAILING ADDRESS OF CLAIMANT (No. and street or rural route, City or P.O., State and ZIP Code) 123 Old Guard Lane City, State, Zip Code		6D. RELATIONSHIP TO VETERAN (Check One) [X] SURVIVING SPOUSE [ ] CHILD 6E. SOCIAL SECURITY NO. OF SURVIVING SPOUSE OR CLAIMANT 919-23-0002

PART I - IDENTIFICATION AND SERVICE INFORMATION OF VETERAN *(See Instructions, Paragraph H)*

7. DATE OF BIRTH	8. DATE OF DEATH	9. PLACE OF DEATH
18 Oct 53	23 Sep 93	Arlington, VA

10. ARE YOU CLAIMING THAT THE CAUSE OF DEATH WAS DUE TO SERVICE? [ ] YES [X] NO

11A. ENTERED ACTIVE SERVICE		11B. SERVICE NO.	11C. SEPARATED FROM ACTIVE SERVICE		11D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
DATE	PLACE		DATE	PLACE	
7Sep71	Ft Dix, NJ	919190001	30Sep91	Ft Belvoir	MSG, Co A 307th Engr Bn, U.S. Army

12. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE THAT FULL NAME, SERVICE DATES AND BRANCH OF SERVICE USING THAT NAME None

PART II - INFORMATION RELATING TO MARRIAGE *(See Instructions, Paragraph I)*

INFORMATION RELATING TO VETERAN

13. HOW MANY TIMES WAS VETERAN MARRIED? one

14A. MARRIAGE		14B. TO WHOM MARRIED	14C. HOW MARRIAGE ENDED (Death, divorce, etc.)	14D. MARRIAGE ENDED	
DATE	PLACE			DATE	PLACE
11Aug72	Baltimore, MD	Susan E. Henderson	Death	23Sep93	Arlington,VA

INFORMATION RELATING TO SURVIVING SPOUSE

NOTE: If claimant is not veteran's surviving spouse, omit items 15 to 21 inclusive.

15. HOW MANY TIMES HAS SURVIVING SPOUSE BEEN MARRIED?	16. HAS SURVIVING SPOUSE REMARRIED SINCE DEATH OF VETERAN?
ONE	[ ] YES [X] NO

17A. MARRIAGE NA		17B. TO WHOM MARRIED	17C. HOW MARRIAGE ENDED (Death, divorce, etc.)	17D. MARRIAGE ENDED	
DATE	PLACE			DATE	PLACE

YOU MUST SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE 8.

VA FORM OCT 1993 **21-534** EXISTING STOCK OF VA FORM 21-534, APR 1993, WILL BE USED.

Figure 6–14. Sample of a completed VA Form 21–534

PART II – INFORMATION RELATING TO MARRIAGE *(Continued)*

18. DATE OF BIRTH OF SURVIVING SPOUSE	19. WAS A CHILD BORN OF THE SURVIVING SPOUSE'S MARRIAGE TO THE VETERAN, OR WAS A CHILD BORN TO THEM PRIOR TO THE SURVIVING SPOUSE'S MARRIAGE TO THE VETERAN? *(Complete only if the surviving spouse was married to the veteran for less than one year)*
8 Aug 53	Yes

20. DID SURVIVING SPOUSE LIVE CONTINUOUSLY WITH THE VETERAN FROM DATE OF MARRIAGE TO DATE OF DEATH?

[X] YES [ ] NO *(If "NO," complete Item 21)*

21. CAUSE OF SEPARATION *(Explain fully, giving reason, date of separation, duration, etc. If separation was by court order, attach a certified copy of such order)*

NA

PART III – INFORMATION CONCERNING CHILDREN *(See Instructions, Paragraph J)*

IDENTIFICATION OF CHILDREN AND INFORMATION RELATIVE TO CUSTODY

NOTE - List below the name of each child of the veteran who is (1) under 18 years of age (or under 23 years of age if attending school) or (2) of any age if permanently incapable of self-support by reason of mental or physical defect. The term "child" includes an illegitimate, adopted, or stepchild of the veteran as well as any child whose marriage has been terminated by divorce, annulment, or death of a spouse. If the birth of a child of a veteran is expected, that fact should be stated.

22A. NAME OF CHILD *(First, middle initial, last)*	22B. DATE OF BIRTH *(Mo., day, yr.)*	22C. SOCIAL SECURITY NO. OF CHILD	22D. IDENTIFY *(Check each applicable category)*				
			MARRIED PREVIOUSLY	STEPCHILD OR ADOPTED	ILLEGITIMATE	OVER 18 ATTENDING SCHOOL	SERIOUSLY DISABLED
Russel B. Henderson	Feb 1, 73	456-12-6789					

23. NAME(S) OF ANY CHILDREN NOT IN YOUR CUSTODY	NA	24. MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT	NA
		$	
		$	
		$	
		$	

PART IV – NET WORTH OF SURVIVING SPOUSE AND/OR CHILD/REN *(See Instructions, Paragraph K)*

ITEM NO.	SOURCE	AMOUNTS				
		SURVIVING SPOUSE OR CUSTODIAN OF CHILDREN	NAME OF CHILD/REN			
			Russell			
25A.	STOCKS, BONDS, BANK DEPOSITS	$ 21,000	$	$	$	$
25B.	REAL ESTATE *(Do not include residence)*	150,000				
25C.	OTHER PROPERTY	27,000				
25D.	NET WORTH	$ 198,000	$ NA	$	$	$

YOU MUST SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE 8.

Figure 6–14. Sample of a completed VA Form 21–534—Continued

PART V – INCOME OF SURVIVING SPOUSE AND/OR CHILDREN AND CUSTODIAN OF CHILD/REN

(Important - Carefully read paragraph L of Instructions before completing this section)

SOCIAL SECURITY INFORMATION

26A. HAVE YOU APPLIED FOR OR ARE YOU RECEIVING OR ENTITLED TO RECEIVE BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION ON YOUR OWN BEHALF OR ON BEHALF OF A CHILD/REN IN YOUR CUSTODY? ☐ YES ☒ NO	26B. BEGINNING DATE *(Month, year)*

	MONTHLY BENEFIT(S)	SURVIVING SPOUSE OR CUSTODIAN OF CHILDREN	EACH CHILD'S SHARE
26C.	AMOUNT OF MONTHLY SOCIAL SECURITY CHECK	$	$
26D.	ADDITIONAL MEDICARE DEDUCTION		
26E.	TOTAL MONTHLY BENEFITS *(Sum of 26C and 26D)*	$	$

26F. IS SOCIAL SECURITY BASED ON YOUR OWN EMPLOYMENT? ☐ YES ☐ NO	26G. DO YOU EXPECT YOUR SOCIAL SECURITY BENEFITS TO INCREASE AS A RESULT OF THE VETERAN'S DEATH? ☐ YES ☐ NO

REPORT GROSS MONTHLY INCOME, BY SOURCE, INCLUDING ANY MONTHLY DEDUCTIONS FOR EACH FAMILY MEMBER

ITEM NO.	SOURCE	SURVIVING SPOUSE OR CUSTODIAN OF CHILDREN	AMOUNT OF INCOME – NAME OF CHILDREN – NAME	NAME	NAME	BEGINNING DATE – MONTH/YEAR
27A.	U.S. CIVIL SERVICE		$	$	$	
27B.	U.S. RAILROAD RETIREMENT		$	$	$	
27C.	MILITARY RETIREMENT		$	$	$	
27D.	BLACK LUNG BENEFIT		$	$	$	
27E.	INCOME/PUBLIC ASSISTANCE SUPPLEMENTAL SECURITY		$	$	$	
27F.	ALL OTHER INCOME *(Specify source - for additional space, use Item 37, "Remarks")*		$	$	$	

REPORT EXPECTED GROSS MONTHLY INCOME (OR ONE-TIME INCOME) FOR THE 12 MONTH PERIOD FROM DATE OF VETERAN'S DEATH OR, IF CLAIM IS FILED MORE THAN 45 DAYS AFTER THE VETERAN DIED, THE 12 MONTH PERIOD FROM THE DATE THE CLAIM IS SIGNED

ITEM NO.	SOURCE	SURVIVING SPOUSE OR CUSTODIAN OF CHILDREN	AMOUNT OF INCOME – NAME OF CHILDREN – NAME	NAME	NAME	BEGINNING DATE – MONTH/YEAR
28A.	EARNINGS	22,000	$	$	$	
28B.	DIVIDENDS, INTEREST, ETC.	1,000	$	$	$	
28C.	LIFE INSURANCE	200,000	$	$	$	
28D.	ALL OTHER INCOME *(Specify source - for additional space, use Item 37, "Remarks")*	none	$	$	$	

YOU MUST SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE 8.

VA FORM OCT 1993 **21-534**

Figure 6–14. Sample of a completed VA Form 21–534—Continued

PART VI – DEDUCTIBLE EXPENSES

NOTE: Your income may be reduced by the amount of unreimbursed expenses of the veteran's or his/her child's last illness and burial and the veteran's just debts which were paid by you. Be sure to include as income in Items 27F and 28D any reimbursement received on these expenses or debts. See paragraph N of instructions for reporting payments and reimbursements made after filing of your claim.

29A. NAME AND ADDRESS OF PERSON TO WHOM PAID	29B. TOTAL AMT. OF EXPENSE OR DEBT	29C. NATURE OF EXPENSE OR DEBT	29D. DATE PAID	29E. AMOUNT PAID BY YOU
	$			$
	$			$
	$			$
	$			$
	$			$
	$			$

PART VII – MISCELLANEOUS INFORMATION

30. HAS A SURVIVING SPOUSE OR CHILD FILED A CLAIM FOR COMPENSATION FROM THE OFFICE OF WORKER'S COMPENSATION PROGRAMS BECAUSE OF DEATH OF VETERAN ON WHOSE SERVICE THIS CLAIM IS FILED?

☐ YES ☒ NO

31. IS A CLAIM OR COURT ACTION PENDING, OR HAS A COURT DECREE AWARDING DAMAGES ON A SETTLEMENT OR COMPROMISE OF A CLAIM BASED ON THE DEATH OF THE VETERAN BEEN MADE?

☐ YES ☒ NO *(If "YES," explain in Item 36, "Remarks")*

32. IS A CLAIM FOR SURVIVOR BENEFIT PLAN (SBP) ANNUITY FROM A SERVICE DEPARTMENT PENDING OR AN AWARD OF THE SBP ANNUITY BEEN MADE BASED ON THE DEATH OF THE VETERAN?

☐ YES ☒ NO *(If "YES," explain in Item 36, "Remarks")*

33A. HAS THE SURVIVING SPOUSE OR CHILD FILED A CLAIM PREVIOUSLY WITH THE VA? ☐ YES ☒ NO *(If "YES," complete Items 33B through 35 inclusive)*	33B. NAME OF PERSON ON WHOSE SERVICE CLAIM WAS MADE	33C. RELATIONSHIP TO CLAIMANT
34. VA FILE NO.	35. OFFICE WHERE CLAIM WAS FILED *(City and State)*	

PART VIII – CERTIFICATION, AUTHORIZATION FOR RELEASE OF INFORMATION AND ADDITIONAL COMMENTS

36. REMARKS *(If additional space is needed, attach separate sheet)*

CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION: I CERTIFY THAT the foregoing statements are true and complete to the best of my knowledge and belief. I CONSENT THAT any physician, surgeon, or hospital or other medical facility that treated or examined the veteran for any purpose, or that was consulted professionally, may furnish to the DEPARTMENT OF VETERANS AFFAIRS (VA) any and all information including but not limited to autopsy reports and laboratory reports concerning the veteran in connection with this claim for service-connected death benefits, and I WAIVE ANY PRIVILEGE WHICH RENDERS SUCH INFORMATION CONFIDENTIAL.

37. SIGNATURE OF CLAIMANT, CUSTODIAN OR GUARDIAN	38. DATE SIGNED
Thomas E. Jones	1 Nov 93

WITNESSES TO SIGNATURE OF CLAIMANT IF MADE BY "X" MARK

NOTE: A signature by mark must be witnessed by two persons to whom the person making the statement is personally known. The witnesses must sign their names in Items 39A and 39B and type or print their names and addresses in Items 40A and 40B.

39A. SIGNATURE OF WITNESS	39B. SIGNATURE OF WITNESS
40A. NAME AND ADDRESS OF WITNESS *(Type or print)*	40B. NAME AND ADDRESS OF WITNESS *(Type or print)*

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

Figure 6–14. Sample of a completed VA Form 21–534—Continued

OMB Approved No. 0960-0062

DEPARTMENT OF HEALTH AND HUMAN SERVICES

SOCIAL SECURITY ADMINISTRATION

APPLICATION FOR SURVIVORS BENEFITS

(PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT)

IMPORTANT- Read instructions before completing form. Detach and retain ONLY the instruction sheet

(DO NOT WRITE IN THIS SPACE)

VA DATE STAMP

1. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)	2. DATE OF DEATH
Robert O'Neil Henderson	23 Sep 93

NOTE: If the veteran's Social Security No. is unknown, complete Items 4,5, 6 and 7 about veteran.

3. SOCIAL SECURITY NO. OF VETERAN	4. DATE OF BIRTH	5. PLACE OF BIRTH
919-19-0001	18Oct52	Baltimore, MD

6. NAME OF FATHER	7. MAIDEN NAME OF MOTHER	8. DID THE VETERAN WORK IN THE RAILROAD INDUSTRY AT ANY TIME AFTER 1936
George	Pettit	☐ YES ☒ NO

NOTE: The following information should be furnished for each period of the veteran's active service (regular or reserves) after September 7, 1939, in the military service of the United States or service as a commissioned officer in the Public Health Service or the National Oceanic and Atmospheric Administration or during WWII, Philippine or Filipino or Allied country military service. If additional space is needed, attach a separate sheet.

9A. DATE ENTERED ACTIVE SERVICE	9B. SERVICE NO.	9C. DATE SEPARATED FROM ACTIVE SERVICE	9D. GRADE, RANK, OR RATING, ORGANIZATION AND BRANCH OF SERVICE
7 Sep 71	91919000[illegible]	30 Sep 91	MSG, Co A 307th Engr Bn U.S. Army

10. RELATIONSHIP OF APPLICANT TO VETERAN	11. DATE OF BIRTH OF APPLICANT	12. VA FILE NO.
☒ SURVIVING SPOUSE ☐ CHILD ☐ PARENT	8 Aug 53	919-91-0001

CHILDREN: Show names of surviving children (including natural children, adopted children, and stepchildren) or dependent grandchildren (including stepgrandchildren) who at any time since the veteran died, were unmarried and (a) under age 18; (b) age 18 to 19 and attending secondary shool; (c) disabled or handicapped (18 or over and disability began before age 22).

13A.	13B.
Russell O. Henderson	
13C.	**13D.**

I know that anyone who makes or causes to be made a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment, or both. I affirm that all information I have given in this document is true.

14. DATE (Month, day, year)	15. SIGNATURE OF APPLICANT (First name, middle initial, last name) (Sign in ink)
1 Nov 93	SIGN HERE ▶

16. MAILING ADDRESS OF APPLICANT (No. and street or rural route, city or P.O., State and ZIP Code)	17. TELEPHONE NO. (Include Area Code)
123 Old Soldiers Lane City, State, Zip Code	703) 123-4567

WITNESSES REQUIRED ONLY IF SIGNATURE OF APPLICANT IS MADE BY "X" MARK ABOVE

18A. SIGNATURE OF WITNESS	18B. ADDRESS OF WITNESS (No. and street, city, State and ZIP Code)
19A. SIGNATURE OF WITNESS	**19B. ADDRESS OF WITNESS (No. and street, city, State and ZIP Code)**

ITEMS BELOW TO BE COMPLETED BY THE DEPARTMENT OF VETERANS AFFAIRS (Use reverse for "Remarks")

20. PROOFS RECEIVED	21. PROOFS REQUESTED FROM CLAIMANT OR OTHER (Specify)
☐ DEATH ☐ MARRIAGE	☐ DEATH ☐ MARRIAGE
☐ AGE _____ (NAME)	☐ AGE _____ (NAME)
☐ OTHER (Specify) _____ (NAME)	☐ OTHER (Specify) _____ (NAME)
_____ (NAME)	_____ (NAME)

22. DATE	23. NAME AND ADDRESS OF TRANSMITTING VA OFFICE

SSA-24, NOV 1992

Figure 6–14. Sample of a completed VA Form 21–534—Continued

OMB Approved No. 2900-0005
Respondent Burden: 1 hour and 12 minutes

Department of Veterans Affairs

(DO NOT WRITE IN THIS SPACE) (VA DATE STAMP)

APPLICATION FOR DEPENDENCY AND INDEMNITY COMPENSATION BY PARENT(S)

(Including accrued benefits and death compensation, when applicable)

IMPORTANT: Read instructions before completing form. Answer all items fully. Type, print or write plainly.

1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN	2. VA FILE NUMBER
Homer Wayne Wagner	XC- 919-19-0001

ITEM NO.	RELATIONSHIP OF CLAIMANT (Check) (A)		FULL NAME OF CLAIMANT (B)	DATE OF BIRTH (C)	SOCIAL SECURITY NUMBER (D)	
					MOTHER OF VETERAN	MOTHER'S SPOUSE (If other than natural parent of the veteran)
3	X	MOTHER	Beverly Lorrane Wagner		29 Jul 32	000-00-0000
		FOSTER MOTHER				
					FATHER OF VETERAN	FATHER'S SPOUSE (If other than natural parent of the veteran)
4		FATHER				
		FOSTER FATHER				

5. MAILING ADDRESS OF CLAIMANT(S) (Include No. and street or rural route, City or P.O., State and ZIP Code)
1501 Singer Road
City, State Zip Code

PART I - INFORMATION RELATING TO VETERAN

6. SOCIAL SECURITY NUMBER OF VETERAN	7. IF VETERAN PREVIOUSLY APPLIED TO VA FOR ANY BENEFIT, INSERT VA FILE NUMBER, IF KNOWN
919-19-0001	

8. DATE OF BIRTH	9. DATE OF DEATH	10. PLACE OF DEATH
18 Oct 52	23 Sep 93	City State

NOTE: The following information should be furnished for each period of the veteran's active service in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States or service as a commissioned officer in the National Oceanic and Atmospheric Administration, including officers of the Coast and Geodetic Survey and Environmental Science Services Administration or Public Health Service.

11A. ENTERED ACTIVE SERVICE		11B. SERVICE NUMBER	11C. SEPARATED FROM ACTIVE SERVICE		11D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
DATE	PLACE		DATE	PLACE	
7 Sep 71	Ft Dix, NJ	919-19-0001	30 Sep 91	Ft Belvoir, VA	MSG, 307th Eng Bn U.S. Army

12. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME, BRANCH OF SERVICE AND SERVICE DATES
None

PART II - INFORMATION RELATING TO PARENTS OF VETERAN

13. NAME OF MOTHER	14. NAME OF FATHER
Beverly L. Wagner	George O. Wagner
15. NAME OF FOSTER MOTHER (If none, write "NONE")	**16. NAME OF FOSTER FATHER (If none, write "NONE")**
None	None

17A. NAME(S) OF DECEASED PERSON(S) NAMED IN ITEMS 13 THRU 16 (If any, complete item 17B)	17B. DATE(S) OF DEATH
None	

18. WAS THE VETERAN A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE THE VETERAN REACHED THE AGE OF MAJORITY?

[X] YES [ ] NO (If "No," complete items 19, 20 and 21)

19. DATES OF PARENTAL CONTROL	
A. BEGAN	B. ENDED
18 Oct 52	7 Sep 70

20. REASON VETERAN WAS NOT A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE THE VETERAN REACHED THE AGE OF MAJORITY (Explain fully)
Travel

21. NAME AND ADDRESS OF EACH PERSON WHO ASSUMED PARENTAL CONTROL OVER VETERAN AFTER DATE SHOWN IN ITEM 19B
None

IMPORTANT - YOU MUST SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE 3.

VA FORM NOV 1992 **21-535** EXISTING STOCKS OF VA FORM 21-535, JAN 1990, WILL BE USED. **PAGE 1**

Figure 6–15. Sample of a completed VA Form 21–535

PART III - INFORMATION RELATING TO CLAIMANT(S)

22. CLAIMANT MARITAL STATUS

A. MARITAL STATUS *(Check one)*

- [x] MARRIED - LIVING WITH OTHER PARENT OF VETERAN
- [ ] MARRIED - LIVING WITH SPOUSE, WHO IS NOT OTHER PARENT OF VETERAN
- [ ] SEPARATED - YOU ARE MARRIED, BUT NOT LIVING WITH SPOUSE *(If checked, complete Items 22B and 22C)*
- [ ] NOT MARRIED - NEVER MARRIED, DIVORCED OR WIDOWED *(If divorced, complete Item 22D. If widowed, complete Item 22E)*

B. DATE OF SEPARATION *(Mo., Yr.)*	C. REASON FOR SEPARATION
NA	NA
D. DATE DIVORCED	**E. DATE WIDOWED**
NA	NA

23. HAVE YOU FILED A CLAIM FOR COMPENSATION FROM THE OFFICE OF WORKERS' COMPENSATION PROGRAMS BECAUSE OF DEATH OF THE VETERAN?

[ ] YES [x] NO

24. HAVE YOU APPLIED FOR OR ARE YOU RECEIVING OR ENTITLED TO RECEIVE BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION OR OTHER RETIREMENT PROGRAM?

[ ] YES [x] NO

25. GROSS MONTHLY INCOME, BY SOURCE, INCLUDING ANY MONTHLY DEDUCTIONS FOR TAXES, INSURANCE, MEDICARE, ETC.

None

(If you received no income from a particular source, write "NONE" or "0")

SOURCE	PARENT	SPOUSE (If living together)	BEGINNING DATE (Mo., Yr.)
A. SOCIAL SECURITY	$	$	
B. U.S. CIVIL SERVICE			
C. U.S. RAILROAD RETIREMENT			
D. MILITARY BENEFITS			
E. BLACK LUNG BENEFITS			
F. SSI/PUBLIC ASSISTANCE			
G. ALL OTHER MONTHLY INCOME *(Specify source - Give name and address)*			

26. ANNUAL INCOME BY CALENDAR YEAR, INCLUDING ONE-TIME INCOME AND ANY DEDUCTIONS

(If none, write "NONE" or "0")

IMPORTANT - Read carefully paragraph E of instructions before answering questions. All items required to be filled in must be answered fully and completely.	INCOME RECEIVED - Include income received from January 1 to date of veteran's death or if claim is filed more than a year after the veteran died, income received from January 1 to date you signed this application.		INCOME EXPECTED - Include income expected from date of veteran's death to December 31 of that year, or, if claim is filed more than a year after the veteran died, income expected from the date you signed this application to December 31 of the same year.		INCOME EXPECTED FOR NEXT CALENDAR YEAR - If unable to state exact amounts, give approximate amounts expected.	
SOURCE	PARENT	SPOUSE	PARENT	SPOUSE	PARENT	SPOUSE
A. EARNINGS	$	$ 15,000	$	$	$	$
B. DIVIDENDS, INTEREST, ETC.						
C. LIFE INSURANCE						
D. ALL OTHER INCOME (Specify source, explain in Item 33, Remarks)						

27. DEDUCTIBLE EXPENSES - ANY UNREIMBURSED EXPENSES OF THE VETERAN'S LAST ILLNESS AND BURIAL PAID BY YOU

A. NAME AND ADDRESS OF PERSON TO WHOM PAID	B. TOTAL AMT. OF EXPENSE	C. NATURE OF EXPENSE	D. DATE PAID	E. AMOUNT PAID BY YOU
	$			$

IMPORTANT - YOU MUST SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE 3.

PAGE 2

Figure 6–15. Sample of a completed VA Form 21–535—Continued

PART IV - MISCELLANEOUS INFORMATION

28. HAVE YOU PREVIOUSLY FILED A CLAIM WITH VA BASED ON YOUR OWN SERVICE OR THE SERVICE OF ANY OTHER VETERAN?

☐ YES ☒ NO *(If "Yes," complete Items 29 thru 32)*

29. NAME OF PERSON ON WHOSE SERVICE CLAIM WAS MADE	30. RELATIONSHIP TO CLAIMANT
31. VA FILE NUMBER	32. OFFICE WHERE CLAIM WAS FILED *(City and State)*

33. REMARKS *(If additional space is needed, use reverse of this page)*

CERTIFICATION, AUTHORIZATION FOR RELEASE OF INFORMATION AND SIGNATURE OF CLAIMANT(S)

CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION: I CERTIFY THAT the foregoing statements are true and complete to the best of my knowledge and belief. I CONSENT THAT any physician, surgeon, or hospital or other medical facility that treated or examined the veteran for any purpose, or that was consulted professionally, may furnish to the DEPARTMENT OF VETERANS AFFAIRS (VA) any and all information including but not limited to autopsy reports and laboratory reports concerning the veteran in connection with this claim for service-connected death benefits, and I WAIVE ANY PRIVILEGE WHICH RENDERS SUCH INFORMATION CONFIDENTIAL.

34. SIGNATURE OF MOTHER, FOSTER MOTHER, GUARDIAN OR CUSTODIAN	35. DATE
Beverly L. Wagner	1 Nov 93
36. SIGNATURE OF FATHER, FOSTER FATHER, GUARDIAN OR CUSTODIAN	37. DATE
George O. Wagner	1 Nov 93

WITNESS TO SIGNATURE OF CLAIMANT IF MADE BY "X" MARK

NOTE: A signature by mark must be witnessed by two persons who know the person making the signature by mark. The witnesses must sign their names in Items 38A and 39A and print their names and addresses in Items 38B and 39B.

38A. SIGNATURE OF WITNESS	38B. PRINTED NAME AND ADDRESS OF WITNESS
39A. SIGNATURE OF WITNESS	39B. PRINTED NAME AND ADDRESS OF WITNESS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

PAGE 3

Figure 6–15. Sample of a completed VA Form 21–535—Continued

OMB Approved No. 2900-0075
Respondent Burden: 15 Mins.

Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The law authorizes us to request the information we are asking you to provide on this form, (38 U.S.C. 501(a) and (b)). The responses you submit are considered confidential, (38 U.S.C. 5701) They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the system of records, 58VA21/22/28, Compensation, Pension, Education and Rehabilitation Records-VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (723), 810 Vermont Ave., NW, Washington, DC 20420; and to the office of Management and Budget, Paperwork Reduction Project (2900-0075) Washington, DC 20503. Do not send requests for benefits to these addresses.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN *(Type or print)*	SOCIAL SECURITY NO.	VA FILE NO.
Robert O'Neill Henderson	919-19-0001	C/CSS-

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

Robert O. Henderson and myself, Susan E. Henderson, were legally married on 11 Aug 73 in Baltimore, MD. We had one son, Russell O. Henderson, Jr. born 1 Feb 75. at Fort Bragg, NC.

(CONTINUE ON REVERSE)

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED
Susan E. Henderson	1 Nov 93

ADDRESS
1234 Old Soldiers Lane
City, State Zip Code

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM APR 1992 **21-4138** EXISTING STOCKS OF VA FORM 21-4138, SEP 1988, WILL BE USED.

*U.S. Government Printing Office: 1992 -- 313-106/63630

Figure 6-16. Sample of a completed VA Form 21-4138

Department of Veterans Affairs

AUTHORIZATION FOR RELEASE OF INFORMATION

1. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN *(Type or print)*	2. FILE NUMBER
Henderson, Robert O'Neill	V123456789
	3. DATE OF BIRTH: 18 Oct 52
5. NAME AND ADDRESS OF HOSPITAL OR PHYSICIAN Church Home Hospital Dale City, VA 22193-1030	4. SOCIAL SECURITY NUMBER: 991-19-1991
	6. DATES OF TREATMENT: 15 Sep 93 - 30 Sep 93

I, the undersigned, hereby authorize the hospital or physician shown in Item 5 to disclose and release to the Department of Veterans Affairs (VA) any information that may have been obtained in connection with physical examination or treatment, with the understanding that VA will use this information in determining my eligibility to veterans benefits I have claimed. The responses which are submitted may be disclosed as permitted by law outside VA. I understand I may revoke this authorization at any time except to the extent action has already been taken in reliance thereon: This request is valid for ninety (90) days from the date in Item 7B unless sooner revoked by me in writing.

7A. SIGNATURE OF VETERAN OR LEGAL REPRESENTATIVE	7B. DATE
Susan E. Henderson	26 Sep 93
8A. SIGNATURE OF WITNESS (Required) Carla D. Lewis	8B. DATE: 26 Sep 93

VA FORM MAR 1992 **21-4142** SUPERSEDES VA FORM 21-4142, AUG 1989, WHICH WILL NOT BE USED.

* U.S Government Printing Office1992- 313-106/63437

Figure 6–17. Sample of a completed VA Form 21–4142

Department of Veterans Affairs

APPLICATION FOR REIMBURSEMENT OF HEADSTONE OR MARKER EXPENSE

1. NAME OF DECEASED VETERAN (First, middle, last)	2. SOCIAL SECURITY	3. VA FILE NUMBER
Homer Wayne Wagner	000-00-000	000-00-0000

4. DATE OF BIRTH	5. PLACE OF BIRTH	6. DATE OF DEATH	7. PLACE OF DEATH
18 Oct 52	Baltimore, MD	23 Sep 93	City, State

8. DATE OF BURIAL	9. PLACE OF BURIAL OR MEMORIAL (Name and location)	10. WAS VETERAN BURIED OR MEMORIALIZED IN A NATIONAL CEMETERY?
26 Sep 93	Arlington National Cemetary Arlington, VA	Buried/yes

II SERVICE INFORMATION

A. ENTERED SERVICE		B. SERVICE NUMBER	C. SEPARATED FROM SERVICE		D. GRADE AND ORGANIZATION	E. BRANCH OF SERVICE
DATE	PLACE		DATE	PLACE		
7 Sep 71	Ft Dix, NJ	000000000	30 Sep 91	Ft Belvoir, VA	MSG, 307th Eng BN	U.S. Army

12. NAME OF CLAIMANT (First, middle, last)	13. RELATIONSHIP TO VETERAN
Shirley A. Wagner	Wife

14. MAILING ADDRESS OF CLAIMANT	15. AMOUNT PAID	
	A. HEADSTONE OR MARKER	B. ENGRAVING OR EXISTING STONE OR MARKER
1234 Old Soldiers Lane City, State Zip Code	$ 800.00	$ 60.00
	16. DATE PURCHASED (Mo., day, yr.)	
	A. HEADSTONE OR MARKER	B. ENGRAVING
	15 Nov 93	15 Nov 93

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief and that I have NOT filed a separate application for a headstone.

FOR VA USE ONLY

The above application has been received and is pending payment

17. SIGNATURE OF CLAIMANT	18. DATE	DATE RECEIVED	DATE FORWARD	RO NO.
Shirley A. Wagner	18 Nov 93			

INFORMATION AND INSTRUCTIONS FOR COMPLETING APPLICATION FOR REIMBURSEMENT OF HEADSTONE OR MARKER EXPENSES IN LIEU OF GOVERNMENT FURNISHED HEADSTONE OR MARKER

Privacy Act Information: No reimbursement of headstone or marker expense may be granted unless this form is completed and returned as required by law (38 U.S.C. Chapter 23). The information requested by this form is considered relevant and necessary to determine maximum benefits provided under law. The responses you submit are considered confidential. (38 U.S.C. 5701) They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the system of records 58VA21/22/28, Compensation, Pension, Education and Rehabilitation Records VA, published in the Federal Register. Information submitted is subject to verification through computer matching programs with other agencies.

Respondent Burden: Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (723), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0266), Washington, DC 20503. DO NOT send requests for benefits to these addresses.

HOW TO APPLY. Forward this application to the Department of Veterans Affairs Regional Office nearest you.

1. Benefits Payable. In lieu of a headstone or marker furnished at government expense, an amount not to exceed the average government cost, or the actual cost, whichever is less, of privately procured headstones or markers (excluding base) or the additional engraving of an existing headstone or marker already in place to include the deceased's data may be paid on a reimbursable basis when the veteran is buried or memorialized in other than a National Cemetery. NOTE: Reimbursement applies only to headstone, marker, or engraving expenses incurred and paid subsequent to the veterans death.

VA FORM JUL 1992 **21-8834** SUPERSEDES VA FORM 21-8834, NOV 1989, WHICH WILL NOT BE USED. *(Continued on Reverse)*

Figure 6–18. Sample of a completed VA Form 21–8834

CAUTION — This is a limited benefit and is not intended to reimburse the total cost of the selected headstone or marker.

The average government cost rate is the one in effect at the time the headstone or marker was purchased.

2. Eligibility. The deceased was buried on or after October 18, 1978 and:

a. A veteran who was discharged or released from service under conditions other than dishonorable; or

b. A service person who died while on active duty; or

c. A member of a Reserve component of the Armed Forces, Army National Guard or the Air National Guard who died while hospitalized or was receiving treatment for a condition or disease contacted or incurred while performing reserve duties; or

d. A member of the Reserve Officer Training Corps whose death occurred under certain circumstances (additional information regarding this may be obtained from your local VA Regional Office; and

e. Died on or before October 31, 1990; and

f. Was not buried or memorialized in a National Cemetery.

3. Who May File a Claim. Any person who paid for the veteran's or service person's headstone, marker, or additional engraving.

4. Time Limit For Filing Claim. Within two years from the date of permanent burial or cremation, date of purchase of the headstone, marker, or additional engraving, after the date of death or within two years from the date the discharge was corrected to a discharge under other than dishonorable conditions, whichever is later.

5. Careful Execution of Claim Necessary. Provide full information, clearly and legibly handwritten or typed. If you are unable to furnish the information requested or if you require assistance you should contact your nearest VA Regional Office for instructions.

6. Social Security Number. Enter the deceased veteran's social security number in Item 2.

7. Veteran's Estate. If the headstone, marker, or additional engraving was paid for with funds of the veteran's estate the claim may be filed by the executor or administrator thereof by completing the application.

8. Proof of Veteran's Death or Accompany Claim. If proof of death has previously been furnished VA, it need not be submitted with this application. Death of veterans in Federal government institutions are automatically reported to VA and need not be proven. In all other cases the public record of death or a copy of a coroner's report of death, or the verdict of a coroner's jury, verified by the custodian of such records must accompany this application.

9. Receipted Bill to Accompany Claim. This claim must be accompanied by a receipted bill (preferably on the printed billhead of the monument company) showing the name of the deceased veteran, the name of the person by whom payment was made, a description of the headstone, marker, or additional engraving, the nature and costs of the purchase, and a statement as to the amount paid by the purchaser, and all credits to the account if not paid in full.

10. Duplication of Benefits Prohibited. This application is for use only if a headstone or marker is purchased in lieu of one furnished by VA. Claim one benefit only. There is no entitlement to both reimbursement and a government furnished headstone or marker.

11. Service Record. If the veteran previously filed a VA claim, include the VA claim number in Item 3. If the veteran never filed a claim with VA, submit a photocopy of his/her discharge certificate to expedite processing.

12. NOTE. The payment of any fee in the preparation of this claim is prohibited.

13. Prohibition of Discriminatory Practices. Reimbursement of headstone, marker, or additional engraving expenses is prohibited if the retailer is found to discriminate based on race, color, or national origin (42 U.S.C. 2000(d)). Any person(s) who purchases a headstone, marker, or additional engraving has the right to file a complaint with the nearest VA Regional Office if discrimination is encountered.

* U.S Government Printing Office:1992-313-106/63687

Figure 6–18. Sample of a completed VA Form 21–8834—Continued

Respondent Burden: ½ hour

Department of Veterans Affairs

APPLICATION FOR SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE
(Under Provisions of Chapter 35, Title 38, U.S.C.)

1. VA FILE NUMBER *(If known)*: 123-45-6789

IMPORTANT - Before completing this form, read the instructions on the attached sheet. Type or print answers in ink. If additional space is needed use Item 28, "Remarks" or blank paper and key answers to item numbers. Return this application to the VA office serving the area where the veteran's records are located, if known; or, if not known, to the VA office serving the area where you live.

PART I – GENERAL INFORMATION REGARDING APPLICANT

2. FIRST - MIDDLE - LAST NAME OF APPLICANT	3. SOCIAL SECURITY NUMBER	4. DATE OF BIRTH
Russell O'Neill Henderson.	123-45-6789	1 Feb 73

5. MAILING ADDRESS *(Include ZIP Code)*: 5314 Singer Road, Joppa, MD 21085

6. RELATIONSHIP OF APPLICANT TO VETERAN: ☐ SPOUSE ☐ SURVIVING SPOUSE ☒ CHILD

PART II – INFORMATION CONCERNING DISABLED OR DECEASED VETERAN OR INDIVIDUAL ON ACTIVE DUTY

VA DATE STAMP (For VA Use Only)

7. FIRST - MIDDLE - LAST NAME OF VETERAN, OR INDIVIDUAL ON ACTIVE DUTY ON WHOSE ACCOUNT BENEFITS ARE CLAIMED	8. SOCIAL SECURITY NUMBER
Robert O'Neill Henderson	919-19-0001

9. DATE OF BIRTH	10. BRANCH OF SERVICE	11. SERVICE NUMBER	12. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W.
18 Oct 52	U.S. Army	919-19-0001	23 Sep 93

13. VA OFFICE WHERE RECORDS ARE LOCATED *(City and State)*: Washington, D.C.

PART III – SPECIAL INFORMATION CONCERNING APPLICANT

14. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING? ☐ YES ☐ NO

15. IF YOU ARE THE SURVIVING SPOUSE OF A VETERAN ON WHOSE ACCOUNT BENEFITS ARE CLAIMED, HAVE YOU REMARRIED SINCE HIS OR HER DEATH? ☐ YES ☐ NO

16A. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED SERVICES?	16B. BRANCH OF SERVICE	16C. ACTIVE DUTY DATES
☐ YES ☒ NO *(If "Yes," complete Items 16B, 16C and 16D)*		FROM TO

16D. TYPE OF SEPARATION OR DISCHARGE

17. WILL YOU RECEIVE EDUCATIONAL ASSISTANCE BENEFITS FOR YOUR TRAINING UNDER EITHER THE FEDERAL EMPLOYEES' COMPENSATION ACT OR THE GOVERNMENT EMPLOYEES' TRAINING ACT? ☐ YES ☒ NO *(If "Yes," give details in Item 28, "Remarks" or on a separate sheet)*

VETERANS ADMINISTRATION BENEFITS AND EDUCATION OR TRAINING PREVIOUSLY APPLIED FOR

18. TYPE OF BENEFITS *(Check applicable box(es))*
- A. ☐ NONE
- B. ☐ HOSPITALIZATION OR MEDICAL CARE
- C. ☐ DISABILITY COMPENSATION OR PENSION
- D. ☐ WAR ORPHANS OR DEPENDENTS EDUCATIONAL ASSISTANCE *(Complete Items 18H and 18I)*
- E. ☐ EDUCATION OR TRAINING BASED ON YOUR OWN SERVICE *(Complete Items 19A and 19B)*
- F. ☐ DENTAL OR OUTPATIENT TREATMENT
- G. ☐ OTHER *(Specify)*

Complete only if Item 18D is checked

18H. NAME OF PARENT

18I. PARENT'S FILE NUMBER *(If known)*

19A. YOUR OWN VA FILE NUMBER	19B. VA OFFICE WHERE YOUR RECORDS ARE LOCATED *(City and State)*

PART IV – PREVIOUS EDUCATION AND TRAINING

20A. TYPE OF SCHOOL	20B. NO. OF YEARS COMPLETED	DATES ATTENDED 20C. FROM	DATES ATTENDED 20D. TO	20E. NAME OR DESCRIPTION OF COURSE	20F. NAME AND LOCATION OF SCHOOL *(City and State)*
ELEMENTARY SCHOOL	8	Sep 80	Jun 84	Elementary	MARS Estate Essex, MD
HIGH SCHOOL	4	Sep 84	Jun 88	High School	Kenwood High Choool MIddle River, MD
COLLEGE		Sep 92	present		Northern VA Comm College Woodbridge, VA
VOCATIONAL OR TRADE					

20G. CHECK APPROPRIATE BOX AND ENTER DATE IN ITEM 20H: ☒ GRADUATED FROM HIGH SCHOOL ☐ EXPECT TO GRADUATE ☐ DISCONTINUED HIGH SCHOOL ☐ PLAN TO DISCONTINUE

20H. DATE: Jun 88

21A. NAME OF APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING COURSE *(If any)*	21B. DATES OF TRAINING FROM TO	21C. PLACE OF TRAINING

22A. HAVE YOU EVER HELD A LICENSE TO PRACTICE A PROFESSION OR JOURNEYMAN RATING TO WORK AT A TRADE? *(Examples - electrician, radio operator, teacher, lawyer, CPA, bricklayer, carpenter, etc.)*	22B. NAME OF LICENSE OR JOURNEYMAN RATING	22C. STATE IN WHICH HELD
☐ YES ☒ NO *(If "Yes," complete Items 22B and 22C)*		

23A. HAVE YOU EVER BEEN EMPLOYED?	23B. PRINCIPAL OCCUPATION	23C. NUMBER OF MONTHS EMPLOYED IN THIS OCCUPATION
☐ YES ☒ NO *(If "Yes," complete Items 23B and 23C)*		

VA FORM SEP 1989 **22-5490** — EXISTING STOCKS OF VA FORM 22-5490, MAR 1983, WILL BE USED. — BE SURE TO COMPLETE REVERSE SIDE

Figure 6–19. Sample of a completed VA Form 22–5490

PART V – VA COUNSELING

24A. IF YOU WOULD LIKE PROFESSIONAL EDUCATIONAL AND VOCATIONAL COUNSELING TO ASSIST YOU IN PLANNING AN EDUCATIONAL PROGRAM, PLEASE WRITE "YES" IN THIS BOX AND PROVIDE YOUR TELEPHONE NUMBER IN ITEM 24B. PLEASE SKIP TO PART VI IF YOU ARE NOT REQUESTING VA COUNSELING.	▶ Yes	24B. TELEPHONE NUMBERS (Include Area Code) HOME: 703-111-2222	WORK: 703-123-9876

PART VI – EDUCATIONAL PLAN

If you have selected the program for which you would like to receive VA educational benefits, please complete Items 25 and 26.

25A. IF YOU KNOW THE PROGRAM YOU WANT, WHAT IS THE FINAL EDUCATIONAL, PROFESSIONAL OR VOCATIONAL GOAL YOU PLAN TO REACH? *(Highest degree or occupation)*	25B. IF YOU HAVE SELECTED YOUR PROGRAM, DESCRIBE THE COURSE(S) YOU WILL BE TAKING *(List each diploma and degree or vocational course)*
Computer Software, Engineer	No

25C. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT	25D. EXPECTED DATE OF ENROLLMENT	25E. LENGTH OF PROGRAM
Northern VA Community College Woodbridge, VA 22193	Sep 93	3 Years

25F. EDUCATION OR TRAINING WILL BE BY:

- [X] SCHOOL ATTENDANCE
- [ ] INDEPENDENT STUDY
- [ ] FARM COOPERATIVE
- [ ] APPRENTICESHIP OR ON-THE-JOB
- [ ] CORRESPONDENCE *(Spouse or surviving spouse only)*

26. ESTIMATED COST OF YOUR COMPLETE PROGRAM ▶	A. TUITION	B. BOOKS AND OTHER FEES	C. TOTAL COST
	$ 3200.00	$ 350.00	$ 3550.00

PART VII – ELECTION (SON OR DAUGHTER ONLY)

IMPORTANT – The commencement of a program of education or special restorative training under Chapter 35 will generally prohibit future payments of compensation, pension, or dependency and indemnity compensation which might otherwise be payable as a result of your school attendance. READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING ITEM 27.

27. I CERTIFY THAT I understand the effects of an election of Chapter 35 benefits and that I elect to receive such benefits from the following date: ▶	MONTH, DAY, YEAR: Sep 23, 1993

28. REMARKS

PART VIII – SIGNATURES

NOTE – If the applicant is a minor, the parent, guardian, or custodian MUST sign Item 31A.

I CERTIFY THAT the information given in this application is true and accurate to the best of my knowledge and belief. If I have requested counseling, I authorize release of school and testing records to the VA for use in counseling me and supervising my program of education or training.

29A. SIGNATURE OF APPLICANT	29B. DATE SIGNED
Russell O. Henderson	25 Aug 93

30A. IF APPLICANT IS A MINOR, GIVE NAME OF PARENT, GUARDIAN OR CUSTODIAN *(Type or print)*	30B. ADDRESS *(Include ZIP Code)*

31A. SIGNATURE OF *(Check one)* SIGN HERE ▶	31B. TELEPHONE NUMBER
[ ] PARENT [ ] GUARDIAN [ ] CUSTODIAN	

PENALTY – Willfully false statements as to a material fact in a claim for educational benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

*U.S. Government Printing Office: 1993 — 343-134/84889

Figure 6–19. Sample of a completed VA Form 22–5490—Continued

Form Approved
OMB No. 2900-0060

Veterans Administration

CLAIM FOR ONE SUM PAYMENT

GOVERNMENT LIFE INSURANCE

ALL PREFIXES

1. INSURANCE FILE NO. *(Include prefix)*	
F	
2. INSURANCE POLICY NO. *(Include prefix)*	
3. NET AMOUNT OF INSURANCE	
$	
4. CLAIMANT'S SHARE *(In fractions)*	

PRIVACY ACT INFORMATION - No proceeds may be paid unless a completed claim form has been received (38 U.S.C. 717 and 752). The information provided, on a voluntary basis, will be used by VA employees and your authorized representative in the maintenance of Government insurance records. Responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in VA system of records, 36VAOO, Veterans and Armed Forces Personnel U.S. Government In-Force Life Insurance Records, published in the Federal Register.

IMPORTANT INSTRUCTIONS

BENEFICIARY - This form may be used only when the insured has authorized payment under Option 1 (ONE SUM). Upon receipt of this completed claim form, the insurance proceeds will be paid as authorized by the insured. DO NOT USE THIS FORM IF YOU PREFER MONTHLY PAYMENTS. Notify the office that maintains the insured's records and information will be sent about other options available.

Complete all items, if known, and ATTACH PROOF OF DEATH. Type or print in ink. DO NOT DELAY filing application. The VA does not pay interest on delayed payments.

NOTE - If the beneficiary is a minor or incompetent, the person having custody of the beneficiary should complete the form and give his/her address in Item 11.

The law limits to $10.00 the fee payable to any attorney for the preparation, presentation and prosecution of claims for benefits under laws administered by the Veterans Administration.

When the claim form is completed, send it to the VA office that maintains the insured's records. The addresses of the Veterans Administration offices that maintain insurance records are:

Veterans Administration
Regional Office and Insurance Center
P.O. Box 8079
Philadelphia, PA 19101

Veterans Administration
Regional Office and Insurance Center
Federal Building, Fort Snelling
St. Paul, MN 55111

5. FIRST, MIDDLE AND LAST NAME OF INSURED VETERAN	6. DATE OF DEATH	7. PLACE OF DEATH
Robert O'Neill Henderson	23 Sep 93	Dale City, VA
8. FIRST, MIDDLE AND LAST NAME OF BENEFICIARY	**9. RELATIONSHIP TO INSURED**	**10. BENEFICIARY'S DATE OF BIRTH**
Susan E. Henderson	Wife	8 Aug 53

11. ADDRESS OF BENEFICIARY *(Or address where check is to be mailed)*	12. CLAIMANTS TELEPHONE NUMBER *(Include Area Code) (Will only be used if additional information is required)*	
1234 Old Guard Lane Alexandira, VA 22309	A. HOME NUMBER (123)456-7891	B. WORK NUMBER (198) 765-4321

I certify that the foregoing entries are true and correct to the best of my knowledge and belief.

13. SIGNATURE OF BENEFICIARY OR PERSON HAVING CUSTODY *(Do not print)*	14. DATE SIGNED
Susan E. Henderson	26 Sep 93

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

VA FORM DEC 1983 **29-4125**

EXISTING STOCKS OF VA FORM 29-4125, MAY 1982, WILL BE USED.

★U.S.GPO.1988-0-202-991 73436

Figure 6–20. Sample of a completed VA Form 29–4125

FOR OSGLI USE ONLY

CLAIM FOR DEATH BENEFITS

(Servicemen's Group Life Insurance)
(Veterans' Group Life Insurance)

RETURN COMPLETED FORM TO:
OFFICE OF SERVICEMEN'S GROUP LIFE INSURANCE
213 Washington Street
Newark, New Jersey 07102

NOTE: THIS FORM IS NOT TO BE USED FOR NATIONAL SERVICE LIFE INSURANCE (NSLI) Policy Numbers Prefixed by V, H, RH, RS, W, J, JR and JS or UNITED STATES GOVERNMENT LIFE INSURANCE (USGLI) Policy Numbers Prefixed by K

1. NAME OF DECEASED (First, middle, last)	2. SOCIAL SECURITY NO.	3. DATE OF DEATH
Robert O'Neill Henderson	919-19-0001	23 Sep 93

4. BRANCH OF SERVICE	5. DUTY STATUS ON DATE OF DEATH (If known)	6. IF DISCHARGED OR SEPARATED, GIVE DATE (If known) (Month, day, year)
U.S. Army	[X] ACTIVE DUTY [ ] DISCHARGED OR SEPARATED [ ] DRILLING RESERVIST [ ] INDIVIDUAL READY RESERVIST	

PLEASE READ THE IMPORTANT INFORMATION AND INSTRUCTIONS ON REVERSE BEFORE COMPLETING.

PART I - INFORMATION CONCERNING CLAIMANT

7. NAME (First, middle, last) MR. MRS. MISS MS.	8. RELATIONSHIP TO DECEASED	9. DATE OF BIRTH (Month, day, year)	10. SOCIAL SECURITY NUMBER
Susan E. Henderson	Wife	23 Aug 53	919-21-0002

NOTE – Complete Items 11A through 14C if you are the widow or widower of deceased.

11A. DATE OF MARRIAGE (Mo., day, yr.)	11B. PLACE OF MARRIAGE (City and State)	12. DID MARRIAGE CONTINUE UNTIL DATE OF DEATH?
23 Aug 73	Baltimore, MD	[X] YES [ ] NO

13A. DID DECEASED HAVE ANY PREVIOUS MARRIAGES?	13B. PREVIOUS MARRIAGE TERMINATED BY:	13C. DATE PREVIOUS MARRIAGE TERMINATED (If divorced within last 5 years attach copy of the divorce decree)
[ ] YES [X] NO (If "Yes," complete 13B and 13C)	[ ] DEATH [ ] DIVORCE	

14A. DID YOU HAVE ANY PREVIOUS MARRIAGES?	14B. PREVIOUS MARRIAGE TERMINATED BY:	14C. DATE PREVIOUS MARRIAGE TERMINATED (If divorced within last 5 years attach copy of the divorce decree)
[ ] YES [X] NO (If "Yes," complete 14B and 14C)	[ ] DEATH [ ] DIVORCE	

NOTE – If you are not the named beneficiary, widow or widower of the deceased, complete Parts II and III.

PART II - INFORMATION CONCERNING NEXT-OF-KIN OF DECEASED

List below the name, age, relationship, and address of: *(Check appropriate places below)*

(a) Widow or Widower, [X] None Death Give Date 23 Sep 93

If none, was insured ever married? [ ] Yes [ ] No If yes, did marriage terminate by [ ] Divorce Give Date _____

(b) If there is no surviving widow or widower, list all the children of the deceased. Include any adopted child or illegitimate child stating which class it is and list the descendants of any deceased child or children. If none, check here [ ]

(c) If there are no children or descendants of children, list the surviving parent or parents.

Is father deceased? [ ] Yes [ ] No Is mother deceased? [ ] Yes [ ] No

(d) If there are no survivors within the degrees indicated in (a) through (c), list below the next of kin who may be capable of inheriting from the deceased *(brothers, sisters, descendants of deceased brothers, sisters, etc.)*.

15A. NAME	15B. AGE	15C. RELATIONSHIP TO DECEASED	15D. ADDRESS
Susan E. Henderson	40	Wife	1234 Old Soldiers Lane City, State Zip Code

NOTE – Complete Items 16 and 17 ONLY if any of the persons listed above are under age 21.

16. NAME AND ADDRESS OF GUARDIAN FOR ANY MINOR CHILDREN LISTED ABOVE IF ONE HAS BEEN APPOINTED BY THE COURT (Attach copy of appointment paper issued by court)	17. IF A GUARDIAN HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED?
	[ ] YES [ ] NO

PART III - INFORMATION CONCERNING THE ESTATE OF THE DECEASED

18. NAME AND ADDRESS OF EXECUTOR OR ADMINISTRATOR, IF ANY, APPOINTED BY THE COURT TO SETTLE THE ESTATE OF THE DECEASED	19. IF AN EXECUTOR OR ADMINISTRATOR HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED?
	[ ] YES [ ] NO

PART IV - CERTIFICATION BY CLAIMANT

I HEREBY CERTIFY that all statements made in this claim are true to the best of my knowledge, information, and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld. In the event the insured has not previously elected monthly installments, I request that the Death Benefit be paid in: *(Check one)* [X] One Sum [ ] 36 Equal Monthly Installments.

20. SIGNATURE OF CLAIMANT (Do not print)	21. ADDRESS (Number and Street, City, State and ZIP Code, Apt. No.)	22. DATE
Susan E. Henderson	1234 Old Soddiers Lane City, State Zip Code	1 Nov 93

WARNING. - Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than $10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001).

SGLV-8283 JAN 1991

EXISTING STOCKS OF SGLV 8283, JAN 1988, WILL BE USED.

IF ADDITIONAL SPACE IS REQUIRED, ATTACH SEPARATE SIGNED SHEETS.

Figure 6–21. Sample of a completed SGLV–8283

INSTRUCTIONS TO CLAIMANTS

THIS FORM SHOULD BE USED WHEN THE DECEASED HAD INSURANCE IN FORCE UNDER SERVICEMEN'S GROUP LIFE INSURANCE (SGLI) OR VETERANS' GROUP LIFE INSURANCE (VGLI).

PAYMENT OF DEATH BENEFITS

Under Servicemen's and Veterans Group Life Insurance death benefit payments must be made in the following order:

- To the beneficiary named in writing by the insured; if none, the insurance is payable to
- the widow or widower of the insured; if none, it is payable to
- child or children in equal shares with the share of any deceased child distributed among the descendants of that child: if none, it is payable to
- parent(s) in equal shares; if none, it is payable to
- a duly appointed executor or administrator of the insured's estate, and if none, to
- other next of kin.

COMPLETION OF CLAIM FOR DEATH BENEFITS

It is important that all requested information be furnished. Omission or incomplete answers will delay settlement of the claim. All information should be typed or printed in ink, except the signature.

ITEM 1. Show full name of the deceased serviceman, servicewoman or veteran.

ITEM 2. Show Social Security number of deceased. If the deceased did not have a Social Security number show service number.

ITEM 3. Show date of death of deceased.

ITEMS 4, 5 AND 6. Show branch of service, duty status on date of death (if known), and date of discharge or separation (if known) of deceased.

ITEMS 7, 8, 9 AND 10. Show your full name, relationship to deceased, your date of birth and Social Security number.

If you were married to the deceased when he/she died, but were not named as his/her insurance beneficiary,complete Item 11A through 14C as applicable.

If you were not married to the deceased when he/she died and were not specifically named as his/her insurance beneficiary, complete Part II through 15D. Be sure to provide the required information as to the deceased's marital status and any children. In Items 15A through 15D give the information about persons indicated in the answers to the preceeding questions. In Part II use a separate signed sheet if necessary.

Complete Part III if you were not named as the insurance beneficiary, were not married to the deceased at his/her death and are not a parent of the deceased.

Part IV must be completed by all claimants.

EVIDENCE REQUIRED

If the deceased died while on active duty or while a member of a Reserve or National Guard Unit, the Office of Servicemen's Group Life Insurance will be furnished with proof of death by the Uniformed Service. In all other situations, the claimant must submit a certified copy of the Certificate of Death.

Members performing duty on a full-time basis usually over 30 days and qualified members of the Ready Reserve are insured for 120 days following separation. Members totally disabled at separation may be insured for up to one year following separation as long as total disability continues. If the insured died while covered following separation from service, the claimant must also submit a copy of a report of separation, DD 214.

You will be informed if it becomes necessary to submit other evidence.

If you need assistance in competing this claim form, contact your nearest Department of Veterans Affairs Office.

*U.S. Government Printing Office: 1991 — 282-804/27202

Figure 6–21. Sample of a completed SGLV–8283—Continued

Form approved, OMB No. 2900-0222
Respondent Burden: 15 minutes

FOR DEPARTMENT OF VETERANS AFFAIRS USE ONLY
MICROFILM ID NO.

IMPORTANT: Read the General Information sheet before completing this form. Type or print clearly all information except for signatures. Incorrect spelling or illegible printing could result in an incorrect headstone or marker or delivery. All blocks NOT shaded must be completed or this application cannot be processed. SHADED blocks are optional inscription items or for cemetery completion. The copy of this application is for the applicant's use.

1. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER *(Do not show nickname or title)*

FIRST *(Or Initial)*	MIDDLE *(Or Initial)*	LAST
Robert	O'Neill	Henderson

2. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 27, *(e.g. lost at sea, cremains scattered, etc.)*
☐ REMAINS NOT BURIED

VETERAN'S SERVICE AND IDENTIFYING INFORMATION *(Use numbers only, e.g., 05-15-41)*

NOTE: Failure to provide correct nos. may delay receipt of headstone or marker

3A. SOCIAL SECURITY NO.: 919-19-0001

3B. SERVICE NO.:

4A. DATE OF BIRTH: MONTH Apr | DAY 15 | YEAR 1952

4B. DATE OF DEATH: MONTH Sep | DAY 23 | YEAR 1993

PERIODS OF ACTIVE MILITARY DUTY *(For additional space use Block 27)*

	5A. DATE(S) ENTERED			5B. DATE(S) SEPARATED		
	MONTH	DAY	YEAR	MONTH	DAY	YEAR
	Dec	1	1969	Sep	30	1992

6. HIGHEST RANK ATTAINED: MSG

7. BRANCH OF SERVICE *(Check box(es) - must be consistent with rank)*
☒ ARMY AR ☐ NAVY NA ☐ AIR FORCE AF ☐ MARINE CORPS MC ☐ COAST GUARD CG ☐ ARMY AIR CORPS AC ☐ OTHER *(Specify)*

8. VALOR OR PURPLE HEART AWARDS *(Check box(es) and provide documentation)*
☐ MEDAL OF HONOR MOH ☐ DIST. S.C. CROSS DSC ☐ DIST. S.S. MEDAL DSM ☐ NAVY CROSS NAVY ☐ SILVER STAR MEDAL SILV ☒ PURPLE HEART PURP

9. WAR SERVICE *(Check applicable box(es))*
☐ WORLD WAR I WWI ☐ WORLD WAR II WWII ☐ KOREA KOR ☒ VIETNAM VIET ☐ OTHER *(Specify)*

10. TYPE OF HEADSTONE OR MARKER REQUESTED *(Check one)*
☐ FLAT BRONZE B ☐ FLAT GRANITE G ☒ UPRIGHT MARBLE U ☐ FLAT MARBLE F

11. OTHER EMBLEM OF BELIEF *(Check one)*
☒ NONE ☐ CHRISTIAN CROSS ☐ JEWISH STAR OF DAVID ☐ OTHER *(Specify)*

12. APPLICANT'S NAME AND ADDRESS *(No., street, city, State and ZIP Code)*
Susan E. Henderson
1234 Old Guard Lane
Alexandria, VA 22309-1001

13. RELATIONSHIP TO DECEASED: Wife

14. DAYTIME TELEPHONE NO. *(Include area code)*: (703) 456-1234

CERTIFICATION: I certify the headstone or marker will be installed on the deceased's unmarked grave at no expense to the Government and all statements made are true and correct to the best of my knowledge.

15. SIGNATURE OF APPLICANT: Susan E. Henderson

16. DATE: 1 Nov 93

STATE VETERANS CEMETERY AND GRAVE LOCATION *(If applicable)*

17A. ID CODE | 17B. SECTION | 17C. GRAVE NO.

PRIVATE CEMETERY

18. ID CODE *(If applicable)*

19. NAME AND ADDRESS OF PERSON, CEMETERY, OR OFFICIAL (CONSIGNEE) WHO WILL ACCEPT PREPAID DELIVERY *(No. and street, city, State and ZIP Code); P.O. BOX IS NOT SUFFICIENT*
Collins Funeral Home
786 Columbia Pike Blvd
Dale City, VA 22193-4000

20. TELEPHONE NO. *(Include Area Code)*: (703)233-4567

21. NAME AND LOCATION OF CEMETERY *(City and State)*
Shepard Memorial Park
1122 Dale Blvd
Dale City, VA 22193-3000

CERTIFICATION: I agree to accept the headstone or marker on behalf of the applicant.

22. SIGNATURE OF PERSON TO ACCEPT DELIVERY (CONSIGNEE): David Robins

23. DATE: 1 Nov 93

CERTIFICATION: I certify the type of headstone or marker checked in block 10 is permitted on the unmarked grave of the deceased.

24. SIGNATURE OF CEMETERY OFFICIAL: David Robins

25. DAYTIME TELEPHONE NO. *(Include Area Code)*: (703) 233-4567

26. DATE: 1 Nov 93

27. REMARKS *(For additional space continue on reverse)*
Request an additional inscription be placed on the stone.
"In memory of our beloved husband and father"

VA FORM APR 1992(R) **40-1330** **APPLICATION FOR STANDARD GOVERNMENT HEADSTONE OR MARKER**

Figure 6–22. Sample of a completed VA Form 40–1330

Form Approved OMB No. 2900-0013
Respondent Burden: 1/4 hour

Department of Veterans Affairs

APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer 723, 810 Vermont Avenue, NW Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project 2900-0013, Washington, DC 20503. Please do not send applications for benefits to these addresses.

Postmaster or other issuing official: Submit this form to the nearest VA Regional Office. Be sure to complete the stub at the bottom.

LAST NAME - FIRST NAME - MIDDLE NAME OF DECEASED *(Print or type)*
WAGNER, Homer Wayne

BRANCH OF SERVICE *(Check)*
[X] ARMY [ ] NAVY [ ] AIR FORCE [ ] MARINE CORPS [ ] COAST GUARD [ ] OTHER *(Specify)*

VETERAN'S SERVICE *(Check)*
[ ] SPANISH AMERICAN [ ] WWI [ ] WWII [ ] KOREAN CONFLICT [ ] AFTER 1-31-55 [X] VIET-NAM ERA [ ] OTHER *(Specify)*

CONDITION UNDER WHICH VETERAN WAS RELEASED FROM SERVICE *(Check)*
[ ] 1. VETERAN OF A WAR, MEXICAN BORDER SERVICE, OR OF SERVICE AFTER 1-31-55, DISCHARGED OR RELEASED FROM ACTIVE DUTY UNDER CONDITIONS OTHER THAN HONORABLE.
[X] 2. DISCHARGED FROM, OR RELEASED FROM ACTIVE DUTY IN U.S. ARMED FORCES UNDER CONDITIONS OTHER THAN DISHONORABLE, AFTER SERVING AT LEAST ONE ENLISTMENT, OR DISCHARGED FOR DISABILITY INCURRED IN LINE OF DUTY.
[ ] 3. BY DEATH IN ACTIVE SERVICE AFTER MAY 27, 1941, AND FLAG NOT FURNISHED BY THE SERVICE DEPARTMENT.
[ ] 4. SEPARATED FROM PHILIPPINE MILITARY FORCES, UNDER CONDITIONS OTHER THAN DISHONORABLE, AFTER SERVING UNITED STATES IN SUCH FORCES UNDER PRESIDENT'S ORDER OF JULY 26, 1941, AND DIED ON OR AFTER APRIL 25, 1951.

NAME OF PERSON ENTITLED TO RECEIVE FLAG
Susan E Wagner

RELATIONSHIP TO DECEASED
Wife

ADDRESS OF PERSON ENTITLED TO RECEIVE FLAG
1234 Old Soldiers Lane
City, State Zip Code

PERSONAL DATA OF DECEASED *(To be completed if possible)*

VA FILE NUMBER	SOCIAL SECURITY NUMBER	SERVICE SERIAL NUMBER
000-00-0000	000-00-0000	RA12980538

DATE OF ENLISTMENT	DATE OF DISCHARGE	DATE OF BIRTH	DATE OF DEATH
1 Dec 68	30 Sep 91	15 Apr 53	23 Sep 93

DATE OF BURIAL	PLACE OF BURIAL *(Name of cemetery, city, and State)*
26 Sep 93	Arlington National Cemetery Arlington, VA

REMARKS

I CERTIFY that, to the best of my knowledge and belief, the statements made above are correct and true, the deceased is eligible, in accordance with attached instructions, for issue of a United States flag for burial purposes, and such flag has not previously been applied for or furnished.

SIGNATURE OF APPLICANT *(Sign in INK)*	ADDRESS	RELATIONSHIP TO DECEASED	DATE
Susan E. Wagner	1234 Old Soldiers Lane City, State Zip Code	Wife	1 Nov 93

***PENALTY** - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine or by imprisonment or both.*

ACKNOWLEDGEMENT OF RECEIPT OF FLAG

I CERTIFY that the flag requested by the applicant will be used to drape the casket of the deceased in whose honor it is issued by the Department of Veterans Affairs; and that paragraph 7 of the attached Instructions will be complied with.

SIGNATURE OF PERSON RECEIVING FLAG *(Sign in INK)*	DATE FLAG RECEIVED
Susan E. Wagner	1 Nov 93

NAME AND ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT	FOR VA USE	
	DATE NOTIFICATION FORWARDED TO SUPPLY	INITIALS OF RESPONSIBLE VA EMPLOYEE
Post Office 22309-1030		

VA FORM JUN 1992(R) **2008**

This stub is to be completed by the POSTMASTER or other issuing official. Upon receipt the VA Regional Office will detach and forward it to the appropriate Supply Officer.

NOTIFICATION OF ISSUANCE OF FLAG

DATE FLAG ISSUED	SIGNATURE OF POSTMASTER OR OTHER ISSUING OFFICIAL *(Sign in INK)*	ADDRESS
FOR VA USE ▶	DATE OF REPLACEMENT	

VA FORM JUN 1992(R) **2008**

Figure 6–23. Sample of a completed VA Form 2008

CLAIM CERTIFICATION AND VOUCHER FOR DEATH GRATUITY PAYMENT

(Act August 1, 1956, 70 Stat 857, and regulations pursuant thereto)

1. BUREAU VOUCHER NO.

2. D. O. VOUCHER NO.

3. APPROPRIATION SYMBOL AND TITLE: Appropriate appropriation

4. PAID BY: DSSN 0000, Fort Belvoir, VA

THE UNITED STATES, DR. TO:

5. NAME AND ADDRESS OF PAYEE (Street and Number, City and State)

Susan E. Henderson
1234 Eisenhower Avenue
City, State Zip Code

FOR: THE SIX MONTHS' GRATUITY PAY AS THE RESULT OF THE DEATH OR PRESUMED DEATH IN ACCORDANCE WITH A FINDING BY THE SECRETARY OF THE SERVICE CONCERNED. THE SIX MONTHS' GRATUITY IS AN AMOUNT EQUAL TO SIX TIMES THE MONTHLY RATE OF MILITARY PAY (EXCLUDING ALLOWANCES) RECEIVED BY THE DECEASED SERVICE MEMBER AT THE TIME OF DEATH, WITH AN $800 MINIMUM AND A $3,000 MAXIMUM.

6. SERVICE PERSON (Last name–First name–Middle initial)	7. SERVICE NUMBER	8. GRADE
Henderson, Robert O'Neil	919-19-001	MSG/E8

9. PLACE OF DEATH	10. DATE OF DEATH	11. YEARS SERVICE
Dale City, VA	23 Sep 93	19

12. ADDITIONAL PAY FOR (Identified by type)	13. TOTAL MONTHLY PAY (Including Block 12)	14. DUE PAYEE
	$2485.00	$6000.00

15. CERTIFICATE OF PAYEE (Place an "X" in one of the following boxes, according to your relationship to the decedent)

I CERTIFY THAT I HAVE NOT RECEIVED THE SIX MONTHS' GRATUITY PAY; THAT

[X] (a) I AM [X] HIS WIDOW [ ] HER WIDOWER. (Complete only Block 17a and have Block 17 signed by two certifying witnesses)

[ ] (b) I AM A CHILD OF THE DECEDENT; THAT THERE IS NO WIDOW (widower) SURVIVING; THAT THE CONTENTS OF BLOCK 16 ARE ACCURATE AS SHOWN. (If payee is a minor at time of preparation of this form, Block 17a must be completed by the duly appointed guardian and documentary proof of guardianship furnished. Complete Blocks 16 and 17a and have Block 17 signed by two certifying witnesses.)

[ ] (c) I AM THE [ ] FATHER [ ] MOTHER [ ] BROTHER [ ] SISTER OF THE DECEDENT; THAT THERE IS NO WIDOW (widower), OR CHILD SURVIVING. (Complete Blocks 16 and 17a and have block 17 signed by two certifying witnesses.)

16. LIST CHILDREN OF THE DECEDENT (If none, so state. Use reverse side if more space is needed)

NAME	ADDRESS
Russell B. Henderson	See item 5

17. CERTIFICATE OF WITNESSES TO SIGNATURE OF PAYEE (Two witnesses are required)

I CERTIFY THAT I AM PERSONALLY WELL ACQUAINTED WITH THE ABOVE-NAMED PAYEE THAT I HAVE READ THE ABOVE STATEMENT WHICH WAS SIGNED IN MY PRESENCE, AND THAT SAID STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

17a. SIGNATURE OF PAYEE (Must be affixed in the presence of two witnesses)

SIGNATURE AND ADDRESS OF 1ST WITNESS	SIGNATURE AND ADDRESS OF 2D WITNESS	ADDRESS OF PAYEE
		1234 Eisenhower Avenue City, State Zip Code

18. ADMINISTRATIVE STATEMENT — DATE: 25 Sep 93

THE ABOVE-NAMED PAYEE, IS AUTHORIZED TO RECEIVE THE SIX MONTHS' GRATUITY PAY ON ACCOUNT OF THE DEATH OF THE DECEDENT; THAT BROTHER AND/OR SISTER PAYEES HAVE BEEN SO DESIGNATED BY THE DECEDENT IN THOSE CASES WHERE PARENT(S) ALSO SURVIVE AND THAT PAYMENT THEREOF IS APPROVED IN THE AMOUNT OF $ 6000.00

PAID BY CHECK DRAWN IN FAVOR OF PAYEE NAMED ABOVE

CHECK NUMBER	AMOUNT OF CHECK	DATE OF CHECK
007	$6000.00	25 Sep 93

SIGNATURE

NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than $10,000 or imprisonment for not more than five years or both. Act 25 June 1948, 18 U. S. C. 287, 1001.

TYPED NAME AND TITLE: J.R. REYNOLDS, MAJ, FC

DD FORM 1 SEP 64 397 — REPLACES EDITION OF 1 DEC 57, WHICH WILL BE USED.

Form approved by Comptroller General, U. S. November 18, 1957

Figure 6–24. Sample of a completed DD Form 397

Chapter 7
Conducting Fact Finding Boards

Section I
Installation/Community Casualty Working Group

7–1. Actions of the installation/community casualty working group

a. This group will coordinate staff actions associated with casualty reporting of unattended deaths within their geographical areas of responsibility. Unattended deaths are defined as those occurring outside a medical facility or physician's care, such as murders, suicides, traffic deaths, drownings, deaths in the barracks, and deaths in the course of training, exercises, or military operations.

b. This group will discuss required actions, exchange information, and furnish the CAO with information to update the family. Key personnel or their representatives should be on call and available on short notice during holidays and weekends. Augmentees should be identified, trained, and called upon to assist during emergencies, when the surge of requirements exceeds normal operational capabilities provided by the force structure.

7–2. Functions of the installation/community casualty working group

Specific functions are as follows—

a. Ensure that the PNOK has been promptly notified of the death and that a single point of contact has been designated for the family, to avoid passing conflicting or erroneous information.

b. Ensure that the whereabouts of the deceased, location of the incident and duty status at the time of death are properly validated.

c. Review and update, as necessary, initial casualty reports forwarded to CDR, PERSCOM (TAPC–PEC).

d. Ensure that necessary steps are taken to recover and identify the remains.

e. Ensure that a line of duty investigation is initiated and validated.

f. Ensure that an investigating officer is appointed if circumstances warrant.

g. Expedite the autopsy.

h. Ensure that an inventory is taken and personal effects are safeguarded; forward releasable items promptly and explain to the next of kin why certain items cannot yet be released; and ensure that a summary court officer is appointed to perform these duties.

i. Ensure that the death certificates, letters of sympathy and or condolence, and other case documents are properly prepared, internally consistent, and promptly dispatched.

j. Provide travel for the family member as needed per Joint Federal Travel Regulations, chapter 6.

k. Send a senior officer to talk to the family if the situation warrants.

l. Monitor the preparation and shipment of remains to ensure that the family is informed of the current status of the remains at all times. Unforeseen changes may occur that the NOK must be informed of.

m. Maintaining communication with the family for follow up actions.

n. Ensure that all public statements are coordinated and released through the Public Affairs Office. (The installation Commander or Chief of Staff or his representative should approve the release of all casualty related information outside the Army.)

o. Require the CAO to check periodically with the Chief of Staff or his designated representative for updated information and to pass on the concerns of the NOK.

p. Ensure available chaplain support is offered and provided upon request.

q. Ensure assistance is provided to the NOK in obtaining investigative reports or records pertaining to a deceased soldier, if desired by the NOK, according to appendix E, paragraph E–1.

7–3. Membership of the installation/community casualty working group

a. As a minimum, this group should consist of the following persons appointed on standing orders—

(1) Installation Chief of Staff (chairperson).

(2) Installation G1/DPCA/AG. As the staff officer responsible for casualty and memorial affairs, this officer should serve as alternate chairperson.

(3) Unit commander of deceased.

(4) Chaplain.

(5) Public Affairs Officer.

(6) Medical facility commander.

(7) Provost Marshal.

(8) Staff Judge Advocate.

(9) Commander of local U.S. Army Criminal Investigation Activity.

b. The installation/community casualty working group will convene at the call of the chairperson or his or her alternate and meet as often as necessary to review required actions, exchange information, and ensure that the NOK have the most current accurate information and support available.

Section II
Inquests

7–4. Reasons for conducting an inquest

The reasons for an inquest are to establish the cause, place, date, and circumstances of the death of a soldier when one or more of these items are not known. An inquest also serves as a means of documenting the facts concerning the death of a soldier and as a basis for providing information to the NOK.

7–5. Responsibilities for initiating the inquest

a. For deaths occurring on a military installation when the complete details of the death are not known, the commander of the installation at which the individual is found dead will appoint a summary court officer within 72 hours to conduct an inquest. The officer appointed to conduct the inquest will be a field grade officer who is senior in rank to the deceased, unless otherwise directed by CDR, PERSCOM.

b. When a soldier dies under unusual circumstances while away from a military installation or in an area under the jurisdiction of a foreign government, the soldier's commander or the commander responsible for submitting the casualty report will request that the appropriate civilian authorities conduct an inquest or a similar investigation to determine the facts surrounding the soldier's death.

7–6. Conduct of the military inquest

a. The summary court officer will make his or her conclusions on the basis of the evidence presented by law enforcement agencies (military and civilian) and from the questioning of witnesses, including the medical officer or the civilian physician who examined the remains. The testimony of each witness will be placed in writing, subscribed to under oath, and appended to the report of inquest.

b. If an autopsy is necessary to determine the exact cause and time of death, the summary court officer will immediately notify the appointing authority so that arrangements can be made to perform the autopsy.

7–7. Disposition of reports

a. For deaths occurring in CONUS, the summary court officer will submit a written report of inquest to the commander who initiated the action. That commander will review the report for completeness and forward it as indicated below—

(1) If the NOK to be notified is OCONUS, the report will be sent to CDR, PERSCOM through command channels.

(2) If there are NOK to be notified OCONUS, a summary of the report of inquest will be sent to HQDA within 48 hours after receipt in the form of a supplemental casualty report.

b. For deaths occurring overseas, the major overseas commander or the senior Army representative will send a summary of the results of inquest to CDR, PERSCOM in a supplemental casualty report within 48 hours of receipt of the inquest.

Chapter 8
Missing Persons Act

Section I
General

8–1. Implementation

a. This chapter implements the provisions of **Title 37 USC 551–558**, also known as the Missing Persons Act. The purpose of the Act is to alleviate financial hardship suffered by family members of persons determined to be in one of the missing categories (missing, missing in action, captured, detained, interned, beleaguered, or besieged).

b. Once a person has been placed in a missing status only the Secretary of the Army, CDR, PERSCOM as his designee, pursuant to authority delegated by the Secretary of the Army, may change that status. The CDR, PERSCOM's authority includes responsibility to make determination of death, status, and essential facts and dates necessary to administer the Missing Persons Act. Determinations made by the CDR, PERSCOM pursuant to this delegated authority are conclusive on all departments and agencies of the United States.

8–2. Explanation of terms

The explanation of terms below only applies to terms used in this chapter and the **Missing Persons Act**.

a. Person. A member of the uniformed services who is on active duty, to include Reserve Component personnel on Annual Training; Active Duty for Training; Full Time Training Duty; Initial Active Duty Training; Special Active Duty for Training; Active Duty Special Work; Temporary Tour of Active Duty; and Scheduled Inactive Duty Training (whether such training was with or without pay).

b. Family member. A person's spouse; children (including stepchildren or adopted children); mother or father; dependents designated in official records; individuals determined by the Secretary of the Army, or his or her designee, currently receiving the person's pay and allowances (including allotments benefiting these family members) which could be reduced or terminated by a change in status.

c. Pay and allowance. A person's basic pay, special pay, incentive pay, basic allowance for quarters, basic allowance for subsistence and station per diem allowance for not more than 90 days.

d. Duty Status-Whereabouts Unknown (DUSTWUN). This is a temporary status not a missing category.

e. Responsible Commander. Commander having Summary Court-Martial jurisdiction over the unit in which the missing soldier is assigned (or a higher authority designated by a commander authorized to make such a designation).

8–3. When to report a person in a missing status

a. A prompt and accurate determination that a person is in a missing status is essential. The responsible commander will not report a person as missing until he or she has made a factual determination that the person's whereabouts and status are uncertain and that the absence is involuntary.

b. If an absence cannot be determined from the facts to be involuntary, it shall be reported as "absent without leave" (AWOL) as required by AR 630–10, Absence Without Leave and Desertion. This determination will be pursuant to an informal investigation conducted under the provisions of AR 15–6, Procedures for Investigating Offices and Boards of Officers.

c. Pending completion of the informal investigation of the person's status, the responsible commander will report (INIT Casualty Report) the person's status as DUSTWUN.

8–4. Reporting a person as DUSTWUN (Duty status-Whereabouts Unknown)

a. If, after 24 hours, the person's status is still unknown the CAC will coordinate telephonically with CDR, PERSCOM (TAPC–PEC) for permission to submit a DUSTWUN report. The CAC will also ensure that the responsible commander conducts an informal investigation under the provisions of AR 15–6.

b. DUSTWUN is an interim status only designated to allow the responsible commander sufficient time to determine a person's duty status. Supplemental casualty reports should be submitted as additional or corrected information becomes available.

8–5. Changing a person's status from Duty status-Whereabouts Unknown

a. A DUSTWUN report will be followed by a formal status change report or a message revoking the DUSTWUN INIT report.

b. By the end of the 6th day following the INIT report, one of the following messages will be submitted—

(1) If a person's status is substantiated as a voluntary absence based on information gathered through an informal investigation, then submit a message revoking the original INIT report. The message must include a summary of the incident. For example, this procedure would be used when an individual is determined to be AWOL.

(2) If a person's status is substantiated as involuntary absence based on information gathered through an informal investigation and the suspected status is listed in table 3–2, message item 3, then submit the appropriate STACH report. Include in remarks, message item 61, a summary of all actions taken to locate the person, and the date (within 7 days of the incident), the results of the informal investigation were mailed to Commander, PERSCOM (TAPC–PED–P). Also indicate the date (within 7 days of the incident) that the formal Board of Inquiry was appointed.

Section II
The Informal Investigation

8–6. Immediate action required

a. A prompt and accurate assessment that a person's whereabouts are uncertain and that the absence is involuntary is essential. The first commander in the chain of command will immediately initiate a search to locate the absent person and will advise the CAC through channels.

b. If, after 24 hours, the person's status is still unknown and the absence is believed to be involuntary, the servicing CAC will telephonically coordinate with CDR, PERSCOM (TAPC–PEC) for permission to immediately submit an INIT casualty report designating the person as DUSTWUN.

c. DUSTWUN is used when it is suspected that a person's absence is involuntary, but there is insufficient evidence to initially make a definitive determination. This category serves to avoid placing a person in a missing status prematurely.

d. Normally, a person is retained in a DUSTWUN status for a maximum of 10 days. This is usually sufficient time to conduct an informal investigation into the circumstances surrounding the person's absence and search or recovery operations.

e. DUSTWUN is a temporary status only (not a missing category) and will always be followed by a STACH report or a message revoking the INIT casualty report (DUSTWUN).

f. The date that the INIT casualty report DUSTWUN, is submitted becomes Day 1.

8–7. Conduct of the informal investigation

a. The CAC will direct the first Lieutenant Colonel level commander in the absent person's chain of command to initiate an informal investigation under the provisions of AR 15–6 (Procedures for Investigating Officers and Boards of Officers), when the INIT DUSTWUN casualty report is submitted.

b. The purpose of the informal investigation is to gather sufficient information concerning the absence of the person to recommend to the CDR, PERSCOM to move the person from DUSTWUN to a missing category or to another appropriate casualty category.

c. The informal investigation is normally conducted by a single investigating officer who quickly gathers relevant information concerning the person and or circumstances. Such information may be obtained through witness statements, CID investigations, local law enforcement investigations, financial records, etc.

8–8. Report of informal investigation

a. By Day 6, the investigating officer should have completed the investigation and submitted the Informal Investigation Report to the appointing authority. While not required for an informal investigation, the use of DA Form 1574 (Report of Proceedings by Investigating Officer/Board of Officers) is highly encouraged.

b. By Day 7, the CAC (following their review) will forward, the Informal Investigation Report, by the most expeditious means possible, to CDR, PERSCOM and will transmit the appropriate casualty message as described below—

(1) If a person's absence is substantiated as voluntary, or the investigating officer and command determine that the person is dead (with or without remains) submit a STACH casualty report revoking the original INIT casualty report (DUSTWUN). This report must include a summary of the incident and reasons used to conclude that the absence is voluntary or the person is deceased.

(2) If a person's absence is substantiated as involuntary submit a STACH casualty report with message item 3 reflecting the recommended status. The recommended status will be either missing, missing in action, interned, captured, beleaguered, besieged or detained. A board of inquiry must be appointed to further investigate the incident. Include in message item 61, the recommendations of the investigating officer, a summary of actions taken to locate the person, reasons used to conclude that the absence is involuntary and the date the board of inquiry was appointed.

8–9. Action by CDR, PERSCOM on the informal investigation report

a. Upon receiving the informal investigation report, the CDR, PERSCOM will appoint a hearing officer in the grade of major or above to review the investigating officer's findings for sufficiency and will recommend one of the following actions to the CDR, PERSCOM or his designee—

(1) The appropriate casualty category (table 3–2).

(2) Return of the informal investigation to the CAC directing that further efforts be taken immediately to substantiate the person's status. Pending receipt of the additional information, the person will continue to be carried as DUSTWUN.

b. If the report is sufficient, the CDR, PERSCOM or his designee will declare the person dead or missing. If declared missing, CDR, PERSCOM or his designee will designate the appropriate missing category in which the person will be placed. CDR, PERSCOM will issue a DD Form 1300 and will notify the CAC concerned of the determination.

8–10. Submitting new information

Once the INIT casualty report has been submitted, the CAC can submit a SUPP casualty report any time additional or corrected information becomes available that might be relevant in evaluating the person's status. Telephonic contact is also highly encouraged between the CAC and CDR, PERSCOM (TAPC–PED–P).

Section III
First Informal Board of Inquiry

8–11. Purpose of the first informal board of inquiry

If the CDR, PERSCOM declares a person to be missing by Day 7, a board of inquiry for unaccounted for persons will be convened to—

a. Develop all facts surrounding the disappearance of a person previously reported under this regulation in a missing status.

b. Provide appropriate documentation of those facts.

c. Make a recommendation to the appointing authority, based upon a review of those facts as to the current status of the person.

8–12. Appointment of first informal board of inquiry

The informal board of inquiry will inquire officially into the status of the missing person. This board will be appointed by the commander having general court-martial jurisdiction over the unit to which the person was assigned (or a higher authority designated by a commander authorized to make such designation). If no general court-martial authority exists, the appointment will be made by the commander reporting directly to CDR, PERSCOM.

a. A single board will consider the status of all persons involved in the same incident and whose whereabouts and status are uncertain. When the subjects of this board of inquiry are from different general court-martial jurisdictions, the commanders exercising general court-martial jurisdiction will coordinate to determine which one will convene the board of inquiry. They will also coordinate to determine the composition of the board.

b. The board will consist of not less than three commissioned officers. At least one of these officers will be senior to the person whose status is being inquired into or will be in the grade of major, whichever is higher.

8–13. Conduct of the first informal board of inquiry

The board of inquiry will be conducted according to AR 15–6. In addition, the following rules will apply—

a. When an aircraft crash or disappearance of an aircraft is involved, witness statements or flight manifests must be obtained that specifically place the person aboard the aircraft at the time of the incident.

b. When the death of the person being considered is a possibility, conclusive proof of death must be established. Conclusive proof of death must be more than an indication of death. The facts must be such that death is the only plausible alternative under the circumstances.

8–14. Report of board proceedings

The report of board proceedings will be submitted on DA Form 1574. The report will contain a recommendation that the person's status be continued as previously listed; changed to a category provided in the Missing Persons Act; changed to deceased; or changed to another appropriate status such as absent without leave or returned to military control.

a. The report of board proceedings will provide the basis for—

(1) Furnishing information to the NOK.

(2) Responding to official inquiries.

(3) Conducting subsequent inquires by the GCMCA

(4) Conducting subsequent status reviews by CDR, PERSCOM.

b. The following will be included in or with the report of board proceedings—

(1) Information about the duration, extent and results of searches for the person.

(2) A copy of the unit commander's letter of sympathy (explaining the circumstances) to the NOK.

(3) The names, identification and original sworn statements from all persons having knowledge of the circumstances of the disappearance.

c. If the person's absence is a result of armed conflict, the following documents and records will be submitted with the report of board proceedings.

(1) A copy of the most recent official photograph available of the person. Use another photograph if a recent official photograph is not available.

(2) A map of the area in which the person disappeared.

(3) If an aircraft incident is involved, a photograph or sketch of the crash site.

(4) When remains are not recovered, the extent of injuries or wounds the survivors noted on the missing person(s).

(5) Any other information or material about the person that was received after the person was recommended to be placed in a missing category.

d. For hostile losses, when the first board of inquiry recommends that the person be continued in a missing status, the following documents will be forwarded with the board proceedings—

(1) The Military Personnel Records Jacket to include the DA Form 2A, DA Form 2B, DA Form 2–1, DA Form 4037 (Officer Record Brief), and DA Form 2–2 if any.

(2) The health and dental records.

(3) A copy of orders directing the person's unit of assignment.

(4) The person's DD Form 93 and SGLV–8286.

e. For non-hostile losses, during peacetime the documents listed above will be forwarded when the second board of inquiry report is submitted.

8–15. Action by appointing authority on first board report

By Day 45, the commander who appointed the board of inquiry will review the report of proceedings for completeness and will forward the original report to CDR, PERSCOM (TAPC–PED–P).

a. If the report is incomplete or if an administrative error has been made, the appointing authority will return the report for further action by the board, or he or she will complete the report or correct the administrative error. The report will not be returned to the board solely because the appointing authority does not agree with the recommendations of the board.

b. If the report is complete, the appointing authority may agree with the recommendations of the board or may disagree and enter his or her own recommendations. The appointing authority will then forward the original copy of the report of the board proceedings through channels to CDR, PERSCOM (TAPC–PED–P).

8–16. Action by CDR, PERSCOM on first board report

The CDR, PERSCOM will review the report of proceedings and will make the final determination of status under the Missing Persons Act. The determination will be announced through channels to the appointing authority.

8–17. Standard Installation/Division Personnel System (SIDPERS) reporting requirement

When a person is listed as missing, as defined by the Missing Persons Act, the local commander will officially drop the person from the rolls and the CDR, PERSCOM (TAPC–PED–P) will assume those responsibilities normally managed by the local Personnel Service Company (routine personnel actions, records maintenance, SIDPERS submissions, awards). Additionally, CDR, PERSCOM (TAPC–PED–P) will immediately submit a SIDPERS transaction changing the duty status from "present for duty" to "the appropriate missing status."

8–18. Submitting new information after the person has been determined to be missing

Any time after the CDR, PERSCOM designates the person missing, the CAC can submit new information (SUPP casualty report) that might be relevant in evaluating the person's status. If the new information warrants a status review by CDR, PERSCOM, the provisions of section V will be followed.

Section IV
Second Informal Board of Inquiry

8–19. Purpose of the second informal board of inquiry

a. The second board of inquiry will evaluate the recommendations of the previous board of inquiry and any additional related data that has been accumulated.

b. The board will make a recommendation based upon a review of the facts as to the current status of the person.

8–20. Appointment of second informal board of inquiry

By Day 300, if a person is still being carried in a missing status, the original appointing authority will appoint a second board of inquiry. If the original command (the original appointing authority) has been reassigned to another major command or has been inactivated, the next senior headquarters of the original appointing authority will appoint the second board of inquiry.

8–21. Conduct of the second informal board of inquiry

The board of inquiry will be conducted according to AR 15–6. See paragraph 8–13. The report of board proceeding will be submitted on DA Form 1574. See paragraph 8–14.

8–22. Action by appointing authority on second board report

By Day 350 (15 days prior to the anniversary date of the incident) the appointing authority will review the report of proceedings for completeness and will forward the original report to CDR, PERSCOM (TAPC–PED–P). If an extension is required beyond the 15 days prior to the anniversary of the incident, approval must be requested from CDR, PERSCOM (TAPC–PED–P).

8–23. Action by Commander, U.S. Total Army Personnel Command on second board report

In accordance with Federal statute, the CDR, PERSCOM will conduct a status review not later than the first-year anniversary of the incident. The recommendations from the second board and all other relevant information will be considered at that time.

Section V
Status Review

8–24. General

The CDR, PERSCOM will review a missing person's status when required by the Missing Persons Act or whenever other circumstances warrant. Circumstances that may warrant case review may include the passage of time, circumstances of the loss that indicate a reasonable presumption can be established that the missing person is dead, or the receipt of compelling information concerning the soldier's whereabouts or fate. The CDR, PERSCOM will review the case of missing persons before the anniversary date of their INIT casualty report. After this annual review, when no new information has been received, the office monitoring missing persons will recommend to CDR, PERSCOM or his designee when a status review should be conducted.

8–25. Special consideration concerning dependents

The following guidelines concerning certain family members will be followed by the PERSCOM reviewing officer when preparing to conduct a status review:

a. Dependents of a person in a missing status who are currently receiving the person's pay and allowances (including allotments benefiting these dependents) which could be reduced or terminated by the contemplated status change (such as change of status from "missing" to "AWOL" or " deceased") are entitled to notice that the person's missing status will be reviewed. The review must be according to this paragraph. This notice is not required when the contemplated status changes do not affect someone's entitlement to pay and allowances (such as a change of status from "missing in action" to "captured"). However, while not originally contemplated, a subsequent review may disclose that the facts warrant a change of status that would reduce or terminate a person's entitlement to pay and allowances. In this case, prior to any final determination to change the person's status, full notification procedures outlined in this paragraph must be satisfied with regard to any family member currently receiving the person's pay and allowances.

b. Dependents entitled to notice will be afforded the opportunity to attend a hearing, with or without a privately retained lawyer, in conjunction with the status review. The notification letter will contain a brief statement of the facts upon which the status review will be based.

c. Dependents entitled to notice will be afforded reasonable access to the information upon which the status review will be based. Documents classified under the criteria in AR 380–5 will not be made available to dependents or to the hearing officer. However, every effort

will be made to either downgrade the information that is classified or to present it in such a manner as to warrant removal of protective markings. This effort may be accomplished by an unclassified summary of the information or by removing that portion of the information that caused it to be classified (such as the location of the person in a missing status, the type mission in which he or she was involved, or the source or collection means of the intelligence data). In the event classified information cannot be downgraded, removed, or summarized, the classified information will not be made available to the hearing officer, and it may not be considered in the course of the review. Assistance will be provided by the Deputy Chief of Staff for Intelligence to ensure that security procedures and data are not compromised.

d. Dependents entitled to notice will be afforded the opportunity before and during the hearing to present information that they consider relevant to the proceedings. Dependents entitled to notice will be furnished, upon their written request, a brief statement of the facts upon which the status review will be based.

e. Dependents entitled to notice may elect to exercise any or all of the rights set forth in *a* through *d* above. Notification of the pending review will be made to the dependents entitled to notice via certified, return-receipt-requested mail. A reply to this notification indicating the desires of the dependents will be made to the notifying office. (Fig 8–1 gives a sample format for showing dependents their rights.) The dependents notified will be afforded 21 days from the receipt of notification in which to respond. If no response is received, it will be presumed that the notified dependents will not exercise the rights provided. Dependents who are notified will be furnished preaddressed envelopes for the purpose of acknowledging the notification of review and electing or waiving applicable rights.

f. If the notified dependents elect to attend a hearing, with or without a privately retained lawyer, a hearing date will be established and the dependents making the election will be informed. Upon written request by the notified dependents, a delay in the review may be granted when it can be demonstrated that such a delay would be meaningful to the review or that such a delay would be essential in affording the dependents the opportunity to exercise their rights. A request for delay must be in writing and it must be made to the office conducting the notification.

8–26. Conduct of the status review

a. The CDR, PERSCOM will appoint a hearing officer who will be a commissioned officer in the grade of major or above. The hearing will be closed to the public, limited in attendance to only those dependents and their attorneys who have been afforded and elected the right of attendance, and nonadversary in nature.

b. A mechanical recording of the hearing will be prepared but will be transcribed only upon request of and at the expense of the requesting party. However, a summarized record of the hearing will be prepared in every case.

c. The hearing agenda will be set by the hearing officer. Neither AR 15–6 nor strict rules of evidence apply. The inquiry will be confined to matters of official record and such evidence, to include testimony of witnesses, as the attending dependents may present. The hearing officer will ensure that attendees are given the opportunity to review the information from official records to be considered in the hearing, that dependents attending are permitted to submit relevant information, and that dependents attending are informed of the final recommendation of the hearing officer and his or her reasons.

d. If requested by the hearing officer, the Office of the Judge Advocate General will provide legal advice to the hearing officer. If it is requested by the hearing officer, the Director, Casualty and Memorial Affairs Operations Center, PERSCOM, will provide a representative who is skilled in the forensic sciences and remains identification.

e. Dependents who attended the hearing will be furnished, upon their request, a complete copy of the summarized record of the hearing, together with the recommendation and supporting reasons to be furnished to the CDR, PERSCOM.

f. If dependents who have attended the hearing, or their privately retained lawyer, object to the recommendations of the hearing officer, the objections to the recommendations will be incorporated in the file sent forward to PERSCOM. So that a decision by the CDR, PERSCOM will not be unnecessarily delayed, these objections must be presented to the hearing officer within 10 calendar days following the date the attending dependents are informed of the hearing officer's recommendations. An extension of this time may be granted by the hearing officer if good cause is shown. If the hearing officer refuses to grant a requested extension, this information, along with the reasons for refusal, will be included with the recommendations of the hearing officer.

g. The hearing officer will submit the summarized record of the hearing, together with his or her recommendations, supporting reasons, and family member's objections to the CDR, PERSCOM who, as designee of the Secretary of the Army, will make a decision as to the status of the missing person.

8–27. Costs incurred by the attending dependents

Costs incurred by the attending dependents, to include travel, lodging, local transportation, legal fees, transcription costs, witness expenses, and other expenses, will be borne by the attending dependents and will not be reimbursed by the Government.

Figure 8–1. Sample format for Election of Rights Document

Department of the Army
Organization Name/Title
City, State, and Zip Code

Casualty and Memorial Affairs Office (600-8-1a) *(Date)*

MEMORANDUM FOR Commander, Organization Name/Title, City, State, and Zip Code

SUBJECT: Rights Afforded by the Secretary of the Army in Reviewing the Case of MSG Robert O'Neil Henderson, 919-91-0001 *(Insert rank, full name, and SSN)*

Please initial all applicable statements below:

a. *(I, We)* have read and understood the rights which *(I, We)* have been afforded as stated in the enclosed letter.

b. *(I, We)* further acknowledge notice of the pending review of the case of the service member named above, who is *(My, Our)* husband *(insert relationship)*.

c. *(I, We)* do hereby elect to waive all of the rights afforded *(me, us)* in connection with the pending review of the status of *(my, our)* husband/father *(insert relationship)*.

Figure 8–1. Sample format for Election of Rights Document—Continued

d. *(I, We)* desire to attend the hearing.

e. *(I, We)* desire to attend the hearing with a privately retained lawyer.

f. *(I, We)* desire to have reasonable access to the information from official records upon which the status review will be based.

g. *(I, We)* desire to have the opportunity to present any information which is considered relevant to the proceeding.

(Signature Block) *(Signature Block)*

Note:
This memorandum must be returned within 21 days of receipt. A return address envelope is provided. If no response is received within the time specified, waiver of the above specified rights will be presumed.

Chapter 9
Reports of Death of USAR Soldiers

9–1. Deaths to report

a. A USAR soldier's death is reported according to this chapter when the death occurs while the soldier is in a status other than that shown in paragraph 2–1*a* and 2–1*c*.

b. Deaths will be reported by—

(1) The unit commander for soldiers under his jurisdiction.

(2) The CDR, USAREC for soldiers belonging to the USAR Control Group (delayed entry).

(3) The CDR, ARPERCEN for all other USAR soldiers.

9–2. Procedures for notification

a. Notification of death will be submitted to the CDR, ARPERCEN (ARPC–VSA–C), 9700 Page Boulevard, St. Louis, MO 63132. The notification will include the following information—

(1) Name, rank, and SSN.

(2) Date and place of death.

(3) Cause of death and source of information if documented evidence of death is not available.

b. The soldier's MPRJ, accompanied by the notification of death, will be forwarded immediately to the CDR, ARPERCEN.

c. When notification of death pertains to a general officer, a message containing the information prescribed in *a* above will be immediately dispatched to HQDA WASH DC//DACS//.

d. If a soldier who is assigned or attached to a troop program unit dies while not in a training status, the unit commander will forward the report of death and information as prescribed in 9–2*a* (1) through (3) in addition to the following items—

(1) Original DD Form 93.

(2) Original SGLV–8286.

(3) A copy of the unit's training schedule.

(4) When appropriate, a statement of the SGLI Payment option elected by a non-prior service soldier who was not in a pay status.

(5) A statement showing the date and the amount of the SGLI premium paid or withheld. (A copy of the last Leave and Earnings Statement (LES) or Military Pay Voucher (MPV) may be used in lieu of the statement).

(6) Number of assemblies for which pay is due.

e. A copy of the death notification will be promptly forwarded through the servicing FAO, who will prepare the final pay voucher, to CDR, DFAS, Indianapolis, IN 46249–0001. A copy of the soldier's DD Form 93 will be attached to the final voucher.

9–3. Issuance of DD Form 1300

a. CG, ARPERCEN will issue DD Form 1300 for all deceased USAR soldiers, except those indicated in paragraph 2–1*a*, 2–1*c* and 2–1*d*. Additionally, the CG, ARPERCEN will issue this form for all retired Army members, except those persons indicated in paragraph 2–1*i* through 2–1*k*.

b. CG, ARPERCEN will certify the soldier's eligibility for SGLI on the DD Form 1300. When certifying SGLI eligibility, the following documents will be attached to the DD Form 1300—

(1) Death certificate.

(2) DD Form 93 (duplicate copy).

(3) Original SGLV–8286.

(4) When appropriate, a statement of the SGLI Payment option elected by a nonprior service soldier who was not in a pay status.

(5) A statement showing the date and the amount of the last SGLI premium paid or withheld. (A copy of the latest LES or MPV may be used in lieu of the statement.)

c. One copy of all reports will be forwarded to the—

(1) Director, Federal Bureau of Investigation, ATTN: Identification Division, Department of Justice, Washington, DC 20537.

(2) Office of Servicemen Group Life Insurance when it has been determined that the soldier was eligible for SGLI benefits.

Chapter 10
Reports of Death of ARNG Soldiers

10–1. Deaths to report

a. The death of an ARNG soldier is reported according to this chapter when death occurs while the soldier is in a status other than that shown in paragraph 2–1*a* and 2–1*b*.

b. Deaths will be reported by—

(1) Unit commander for soldiers under his or her jurisdiction to the State Adjutant General.

(2) State Adjutant General to Chief, NGB.

10–2. Procedures for notification

a. Notification of death will be submitted to the appropriate State Adjutant General. The notification will include the following information—

(1) Name, rank, and SSN.

(2) Date and place of death.

(3) Cause of death and source of information if documented evidence of death is not available.

b. The soldier's MPRJ, accompanied by the notification of death, will be forwarded immediately to the State Adjutant General.

c. The State Adjutant General will issue the DD Form 1300 as the official report of death, and will certify to OSGLI the soldier's eligibility for SGLI on the DD Form 1300. When certifying SGLI eligibility, the following documents will be attached to the DD Form 1300—

(1) Death certificate.

(2) DD Form 93 (duplicate copy).

(3) Original SGLV–8286.

(4) When appropriate, a statement of the SGLI Payment option elected by a non-prior service soldier who was not in a pay status.

(5) A statement showing the date and the amount of the last SGLI premium paid or withheld. (A copy of the latest LES or MPV may be used in lieu of the statement.)

d. A copy of the death notification will be promptly forwarded through the U.S. Property and Fiscal Officer (USPFO), Military Pay Branch, to CDR, DFAS, Indianapolis, IN 46249–0001. A copy of the soldier's DD Form 93 will be attached to the final voucher.

10–3. Distribution of DD Form 1300

Distribution of this form will be as follows—

a. Two copies for each general officer and one copy for all other officers will be forwarded to CNGB, ATTN: NGB–ARP–C, 5600 Columbia Pike, Falls Church, VA 22041.

b. One copy of all reports (officers and enlisted) will be forwarded to the—

(1) Director, Federal Bureau of Investigation, ATTN: Identification Division, Department of Justice, Washington, DC 20537.

(2) CDR, ARPERCEN, 9700 Page Boulevard, St. Louis, MO 63132.

(3) One copy of each DD Form 1300 issued will be retained by the issuing State Adjutant General.

Chapter 11
Casualty Related Documents

Section I
Casualty Related Documents

11–1. Overview

The casualty operations program is dependent upon accurate, up-to-date information contained on the DD Form 93 and SGLV–8286. These forms provide the command the notification or disposition desires of the individual as well as beneficiary information.

11–2. Casualty document automation software

There are currently several automated packages either developed, such as SIDPERS (version 2.75 or higher), or under development, such as the Installation Support Module (ISM) that are designed to do away with the hardcopy DD Form 93 and SGLV–8286. If these programs are available, use them, as they make updates easier. These programs will eventually update the appropriate Total Army Personnel Databases (TAPDB) with this information, making hardcopy documentation obsolete, and making on-line queries and updates possible.

11–3. Confidential data

Individuals will be advised that the data listed on DD Form 93 and SGLV–8286, will be used only for official purposes. The data will be divulged only with the individual's written consent. Information listed may be released to the soldier's NOK or legal representative.

Section II
DD Form 93 (Record of Emergency Data)

11–4. Importance of the DD Form 93

a. This form is extremely important because—

(1) When completed, it becomes an official and legal document that designates the beneficiaries of certain benefits in the event the individual is in a missing status or deceased.

(2) It provides the name and address of the person(s) to be notified in case of an emergency, sickness, or death.

b. DA Poster 608–10 will be used as a visual aid to remind individuals of the importance of the DD Form 93. The poster is designed to be reproduced and used as a handout if desired.

11–5. Preparing DD Form 93

Agencies responsible for preparing DD Form 93 and the categories of personnel for whom this form is prepared are shown in table 11–1. All entries will be completed by typewriter except those specially noted. If a typewriter is not available, print in black or blue-black ink, ensuring a legible image on all copies.

a. Instructions for item-by-item preparation of the form are provided on the reverse side of the duplicate copies. The only exceptions or additional requirements are as follows—

(1) Items 2b (Initials) and 3b (Reporting unit code duty station) will be left blank.

(2) Individuals can designate in item 13 (Continuation/Remarks) a blood relative for receipt and disposition of his or her remains. (See para 11–7 for specific information.)

(3) Include the complete 10 digit telephone number of every person listed. For persons living at the same address, only one telephone number is required. These entries will be in pencil on the MPRJ/OPF copy.

b. Agencies preparing the DD Form 93 will ensure that—

(1) A new, completed form is submitted when there is a change in any one of the items, except unit.

(2) All items are completed or marked as shown in the detailed instructions on the form.

(3) The card copies are not stapled, folded, hole-punched, or mutilated.

(4) Forms requiring more than one card are secured with a paper clip only.

(5) Individuals read and fully understand the instructions and the statement that is to be signed in ink on the first and second copies of the form.

c. During preparation of the form, typographical errors may be corrected by marking out the error with a slash (/) and typing or printing the correct information immediately after the slash (/). All corrected information will be initialed by the individual.

d. Any item that is the same as a previous entry may be completed by repeating the name and entering "SEE ITEM ...."

e. When deemed necessary, the activities preparing the form will require the individual to present documented evidence of marriage, divorce, birth of family member, adoption of a family member, or any other significant change.

Table 11–1
Preparation of DD Form 93 (Record of Emergency Data)

Step	Work Center	Required Action
1	PSC/MPD	Complete the DD Form 93. Follow instructions contained on the reverse side of the duplicate copies and the supplemental instructions contained in this chapter. Ensure that each item is explained and fully understood. Additional instructions are contained in Table 11–2.
2	PSC/MPD	Prepare a new form when there is a change in any of the items or 5 years have elapsed since the latest form was submitted.
3	PSC/MPD Supervisor	Review and ensure that— a. All items are completed or marked as shown in the detailed instructions on the form or in the supplemental instructions contained in Table 11–2. b. Card copies are not stapled, folded, hole punched, or mutilated. c. Forms which include a continuation are secured with a paper clip. d. All members read and fully understand the instructions. e. Errors are corrected by marking out the error with a slash and typing or writing the correct information immediately after the slash and that corrected entries are initialed by the member. f. Any item which is the same as previous entry is completed by entering the name and "see item_____."

Table 11–1
Preparation of DD Form 93 (Record of Emergency Data)—Continued

Step	Work Center	Required Action
4	Individual	Promptly notify the unit/BNPAC clerk when changes require an update to DD Form 93.
5	Unit/BNS1	Expeditiously arrange with the PSC/PSD to interview the soldier and accomplish desired change.
6	PSC/MPD	Ensure that members review the form— a. During outprocessing for PCS and pre-separation. b. Upon arrival at a new duty station. c. In conjunction with a unit wide deployment or premobilization readiness exercise.
7	PSC/MPD	Enter date of review in pencil below item 16 of DD Form 93 on the copy filed in individual's MPRJ.
8	PSC/MPD	Verify the correctness and completeness of data contained on the DD Form 93. Refer to Table 11–2 for complete dispositions instructions.
9	PSC/MPD	Periodically (at least once annually) during the personal affairs orientation, emphasize the importance of maintaining the DD Form 93 in a current condition. DA Poster 608–10 titled "SOLDIER" will be prominently displayed as a reminder.
10	PSC/MPD	Upon death, remove the MPRJ copy of the DD Form 93, SGLV–8286 and SGLV–8285 if applicable, make copies for the MPRJ, and forward the originals by mail to Cdr, PERSCOM (TAPC–PEC), 2461 Eisenhower Avenue, Alexandria, VA 22331–0481 within 2 working days.

11–6. Review, update, and disposition of DD Form 93

a. Active Army soldiers will review the form—

(1) During in-and-out processing and pre-separation processing.

(2) During any record audit.

(3) In conjunction with an emergency deployment readiness exercise.

(4) At least annually. This requirement may be accomplished in conjunction with any of the above.

b. Reserve Component (USAR and ARNG) soldiers will review the form—

(1) During in processing to a new troop program unit (TPU).

(2) In conjunction with a nationwide deployment or mobilization readiness exercise.

(3) At least annually. This requirement may be accomplished in conjunction with (1) or (2) above.

c. All DA civilians assigned to emergency essential (EE) positions and all civilians deploying in support of military operations will complete or review the DD Form 93 as follows—

(1) Upon acceptance of assignment to a position designated as EE and annually while in that position.

(2) Prior to departure from home station enroute to CONUS replacement centers (CRC) or other central processing facilities.

(3) In conjunction with an emergency deployment readiness exercise.

(4) During outprocessing for permanent change of station (PCS) to an overseas assignment and annually while in the overseas area.

d. The individual will enter the date of the review in pencil below item 16 (Date signed) of the paper copy of the DD Form 93 filed in the MPRJ.

e. A new form is prepared when—

(1) There is a change in any item, except unit.

(2) Five years have elapsed since the latest form was submitted, or 5 years will have elapsed before the next regular annual review. This 5-year criterion applies only to soldiers on AD and DA civilians covered in paragraph *c* above, whose original DD Form 93 is maintained at PERSCOM (TAPC–PEC).

f. The DD Form 93 will be prepared and distributed according to table 11–1 and table 11–2.

11–7. Disposition of remains

Individuals may designate a blood relative to receive his or her remains. However, upon marriage, the surviving spouse is entitled to receive and direct disposition of the remains, regardless of the designation. The designation of the blood relative will be entered as follows on DD Form 93, item 13 (Continuation/Remarks): "DR: (Name)/(type of blood relative)/(initials)." If the individual declines to name a blood relative, the order of priority of persons cited in AR 638–2 will be followed in determining the person entitled to receive and direct disposition of the remains.

Section III
Government Life Insurance

11–8. Establishment

The SGLI Program became effective on 29 September 1965 with the enactment of *Public Law 89–214*. Since its inception, the program has had several amendments. The major changes have been the amount of coverage, the persons eligible to be insured, the conditions under which persons are eligible for SGLI, and the continuation of such insurance after the soldier's transition from the service. These laws are codified as *38 USC 1965–1977*. This program is supervised by VA under a contract with a commercial company. The program is operated under an arrangement with commercial companies through the OSGLI.

11–9. Soldier responsibilities

a. Ensure the amount of insurance coverage and beneficiary designation on SGLV–8286 are current.

b. The personnel officer is informed promptly of any—

(1) Election to increase or decrease coverage.

(2) Election not to have coverage.

(3) Change in beneficiaries.

(4) Legal name change.

11–10. Other Government life insurance policies

There are various types of Government life insurance policies administered by VA. The type of insurance policy in force depends upon the law which authorized its issuance and is identified by the letters proceeding the policy number. In addition to SGLI, Government life insurance policies include VGLI, United States Government Life Insurance (USGLI-policy letter prefix K), National Service Life Insurance (NSLI-policy letter prefixes V and H), Veterans Special Life Insurance (VSLI-policy prefixes RS and W), Veterans Reopened Insurance (VRI-policy letter prefixes J, JR, and JS), Service-Disabled Veterans Insurance (S–DVI) (S–DVI-policy letter prefix RH and ARH) and Veterans Mortgage Life Insurance (VMLI). VMLI is designed to provide financial protection to cover an eligible veteran's home mortgage in the event of death. This insurance is restricted to those severely disabled veterans who have received grants for specially-adapted housing from VA. They are automatically eligible for up to $90,000 decreasing term insurance. That is, as the mortgage balance reduces below $90,000, so does their coverage. They cannot have more than the amount of their mortgage. Upon death, the proceeds are payable only to a mortgage lender. The only other VA life insurance program other than SGLI and VGLI available to current soldiers is S–DVI. The S–DVI policy is available to persons separated on or after 25 April 1951, who are granted a service-connected disability, but are otherwise in good health. Eligible individuals may apply directly to the VA for up to $10,000 life insurance coverage at standard insurance rates within two years of notice by VA of service-connected rating. S–DVI policyholders under the age of 65 who are

eligible for waiver of premiums can purchase up to an additional $20,000 in supplemental coverage at standard rates base on the insured's current age. The supplemental coverage can be purchased in increments of $500 for a total of between $1000 and $20,000. All individuals receiving a waiver award are notified of their eligibility to increase their coverage. They have one year from the date of the letter to apply for the additional amount. Premiums on Supplemental S–DVI cannot be waived.

11–11. Veterans Affairs life insurance information

Government life insurance is administered at VA Regional Office and Insurance Centers in St. Paul, MN, and Philadelphia, PA. For information concerning a policy, write directly to the VA office administering it, furnishing the insured's policy number, if known, or the insured's full name, date of birth, and social security number.

a. VA Center, PO Box 8079, Philadelphia, PA 19101–8079.

b. VA Center, Federal Building, Fort Snelling, St. Paul, MN 55111–4050.

11–12. Application, type and amount of insurance

a. Application for SGLI coverage for eligible soldiers will be accomplished by completing form SGLV–8286.

b. SGLI is term life insurance. There are no loan, cash, paid up, or extended values.

c. All soldiers are automatically insured under SGLI for $100,000, unless they elect in writing to be covered for a lesser amount, or not to be covered at all. They also may purchase (in multiples of $10,000) up to an additional $100,000 for a total of $200,000. The $200,000 maximum applies even though there may be periods of overlapping coverage (for example, from 120-day extension of full-time coverage after transition from active duty (AD) when the soldier is also eligible for reservist coverage).

d. SGLI coverage does not affect the right to retain any other Government or private insurance, except VGLI. This coverage is in addition to any other benefits payable in case of death (including any other Government life insurance that the soldier may have in force, except VGLI).

11–13. Termination of coverage

a. Absent without leave (AWOL). When a soldier is AWOL for more than 31 consecutive days, SGLI is terminated at the end of the 31st day of absence. When a soldier is determined to be AWOL, the commander will promptly inform the Finance and Accounting Office (FAO) by sending DA Form 4187 (Personnel Action). If the AWOL continues for 31 consecutive days, FAO will automatically terminate the soldier's pay status. SGLI coverage is terminated at the end of the 31st day of absence. Deductions for SGLI also cease as of the 31st day.

b. Court-martial sentence. SGLI coverage is terminated at the end of the 31st day of continuous confinement when a soldier is under court-martial sentence, including total forfeiture of all pay and allowances. (As an exception, see offenses listed in para 11–15 which would result in prompt termination of coverage.)

c. Arrest or confinement by military authorities. Arrest or confinement by military authorities does not terminate SGLI coverage, except as stated in *b* above.

d. Civilian confinement. SGLI coverage is terminated at the end of the 31st day of civilian confinement if a soldier is confined under a sentence adjudged by a civilian court.

11–14. Restoration of terminated coverage

Any insurance terminated under the provisions of paragraph 11–13*a*, *b*, and *d* will be automatically restored as of the date the soldier is returned to duty with pay. Beneficiary designations or elections of settlement in effect at the time of termination will also be restored. The commander will ensure that the DA Form 4187 is forwarded to the FAO so that premium deductions can be resumed.

11–15. Forfeiture of coverage

a. The persons below will forfeit all rights to SGLI.

(1) Those guilty of mutiny, treason, spying, or desertion.

(2) Those who because of conscientious objections, refuse to perform service in, or wear the uniform of, the Armed Forces of the United States.

b. No insurance will be payable for death inflicted as a lawful punishment for crime; or for military or naval offenses. However, it will be paid for death inflicted by an enemy of the United States.

11–16. Payment of claims

Claims will be sent to and paid by OSGLI. This is the administrative office established by VA to handle this function.

Section IV
SGLI for Active Duty Soldiers

11–17. Premium rates

The cost for full-time coverage under the program is borne by the soldiers of the uniformed services. A premium charge will be deducted from the soldiers' pay each month. Premiums will not be prorated; a full monthly premium will be deducted for the month in which a soldier enters or leaves active duty or active duty for training (ADT) unless he or she declines coverage under this program.

11–18. Period covered

a. Effective date. For AD soldiers, coverage under SGLI begins upon receipt of orders to attend Initial Active Duty for Training (IADT) (this provision does not apply to delayed entry soldiers).

b. Completion of service. If a soldier is insured when a period of AD is completed (or is otherwise discharged from the service), that insurance continues in effect without cost for 120 days thereafter. This coverage will extend up to one year following transition for AD, ADT, temporary tour of active duty (TTAD), or active duty for special work (ADSW) if the soldier is totally disabled at time of discharge, or until the soldier ceases to be totally disabled, whichever is earlier. To obtain extended SGLI coverage as a result of being totally disabled at time of transition, soldiers should submit evidence of their total disability to OSGLI as soon as possible after their transition. (See sec VII for information on converting SGLI to VGLI.)

11–19. Continuity of elections and designations

a. If following AD, the soldier becomes obligated or must become obligated for duty in the National Guard or Reserves, he or she must make a new election or designation if he or she wants it to be effective with the reservist coverage. When a soldier is on continuous AD, ADT, or TTAD for more than one year, any reserve obligation will be considered a new obligation. It will require a new election or designation.

b. Any election or designation within the 120 days following transition from AD will replace that made while on AD. It will continue for the remainder of the 120 days. The amount of coverage to which the soldier is entitled during this time may not be reduced or increased.

Section V
SGLI for the United States Army Reserve, the Army National Guard, and the Reserve Officer's Training Corps

11–20. Who is covered

SGLI coverage is provided for all soldiers in the Army National Guard (ARNG) and US Army Reserve (USAR) in the categories below—

a. Unit soldiers of the ARNG and USAR and—

(1) Unit soldier in pay status.

(2) Nonprior service (NPS) unit soldiers attending drills in a non-pay status (part-time coverage), and delayed entry soldiers (full-time coverage).

b. Soldiers of the Individual Ready Reserve (IRR) or Individual Mobilization Augmentees (IMA) attached for training in a non-pay status to units that are scheduled for at least 12 periods of inactive

duty training (IDT) annually, i.e., reinforcement training unit, mobilization designation detachment, or an Army Reserve Forces School student detachment.

c. Soldiers who have completed at least 20 years of satisfactory service creditable for retirement purposes. (If they are assigned to, or on application, would be eligible for assignment to the Retired Reserve; and have not received the first increment of retired pay or reached age 61.)

d. Cadet members of the Reserve Officer Training Corps (ROTC) while taking part in field training or practice cruises, under calls or orders that do not specify less than 31 days (full-time coverage). Cadet members of the ROTC while taking part in field training or practice cruises under calls or orders specifying less than 31 days (part-time coverage).

e. Soldiers of the IRR or IMA, not included in *b* above, during annual training (AT), ADSW, or ADT for a period of less than 31 days (part-time coverage only).

11–21. Periods of coverage

Coverage under the SGLI Program is provided as follows—

a. Full-time coverage. Full-time coverage is provided for members in the following categories—

(1) Soldiers who meet the qualifications listed in paragraph 11–20*a*(1) and (2);

(2) Soldiers performing ADSW, TTAD, ADT, IADT, or Active Guard/Reserve (AGR) on orders that do not specify a period of less than 31 days; or

(3) Cadet members of the ROTC while taking part in field training or practice cruises of not less than 31 days.

b. Part-time coverage. Duty periods of part-time coverage are—

(1) AT.

(2) ADT, ADSW, or TTAD for less than 31 days.

(3) Cadet members of the ROTC while taking part in field training or practice cruises in an AD or ADT status of less than 31 days.

(4) Brief periods of IDT scheduled in advance by competent authority to begin at a specific time or place.

11–22. Beginning and ending dates of coverage

The periods during which a soldier is insured under the SGLI Program will begin and end as follows—

a. Beginning dates of coverage.

(1) The first day of AD, ADSW, or ADT.

(2) The beginning of IDT scheduled in advance by competent authority.

(3) The first day a soldier of the IRR is assigned or attached to a unit.

(4) Upon application and payment of one month's premium for soldiers who complete 20 years of satisfactory service.

b. Termination of coverage. Insurance will terminate as stated below, unless the insured aggravates or incurs a disability during his or her period of coverage (see *c* below).

(1) Full-time coverage will terminate 120 days after transition from duty. This does not apply if the soldier is eligible for transfer to Retired Reserve for having completed 20 years of satisfactory service creditable for retirement purposes. The soldier must send an application to OSGLI before the end of the 120 day period (para 11–24*c*).

(2) Part-time coverage will terminate as stated below. (The insurance continues in force while the soldier is returning directly from the place of duty).

(a) At midnight, local time, on the last day of a period of AD, ADSW, TTAD, or ADT for 31 days of less.

(b) At the end of IDT scheduled in advance by competent authority.

(3) Insurance coverage for a Retired Reserve soldier will end on the date he or she receives the first increment of retirement pay or reaches age 61, whichever is the earlier date.

(4) The insurance coverage will cease if terminated or forfeited under the conditions listed in paragraphs 11–13 and 11–15.

(5) The automatic insurance coverage of a soldier who either cancels or elects reduced coverage will end at midnight of the last day of the month in which the custodian of the MPRJ received the new SGLV–8286.

c. Extensions of coverage for disabled soldiers.

(1) The insurance of a soldier will continue in force if on date of separation or release from eligible status, he or she is totally disabled. Termination dates in *b*(1) above will be extended to one year after separation or release; or to the date the soldier ceases to be totally disabled, whichever is earlier. The insurance will not be terminated during the 120-day period following separation or release from an eligible status.

(2) The insurance of a soldier with part-time coverage will continue in force for 120 days after the end of a period of duty during which he or she becomes disabled or aggravates a preexisting disability which causes him or her to be uninsurable at standard premium rates. This will be according to the good health standards approved by VA. The insurance is payable if death results from the incurred or aggravated disability within 120 days following the period of duty.

11–23. Applying for insurance

a. The maximum amount of insurance is $200,000. Except as indicated in *b* below, eligible soldiers are automatically covered for $100,000, unless they elect in writing to be covered for a lesser amount, or not to be covered at all. They also may purchase up to an additional $100,000, for a maximum total of $200,000.

b. The following soldiers must apply for SGLI coverage on SGLV–8713 (Application for Servicemen's Group Life Insurance (Retired Reservists)) (fig 11–17):

(1) Retired Reservists who have completed at least 20 years of satisfactory service creditable for retirement purposes.

(2) IRR and Standby Reservists who have completed 20 years of satisfactory service creditable for retirement purposes. (Exception: Entitled to SGLI coverage by assignment or attachment to unit (para 11–24)).

c. Application forms may be obtained by writing to OSGLI, or any VA Office. Send the completed application to OSGLI, 213 Washington Street, Newark, NJ 07102–2999. Include a copy of the letter of Notification of Eligibility for Retired Pay at age 60, or similar proof of eligibility, and check or money order payable to OSGLI for one month's premium.

11–24. Payment of premiums

Premium rates cannot be prorated. They are not reduced if coverage is provided for less than one full month or less than one full year. Rates for soldiers of the Retired Reserve will be graduated by age. Soldiers of the IRR and Standby Reserve who have completed 20 years of creditable service will also be charged these same rates under assigned or attached unit. Rates for all other eligible soldiers will be the same regardless of age. Premiums will be paid as follows—

a. Automatic payroll deduction. Premiums will be automatically deducted from the soldiers pay as shown below. It will continue to be deducted unless the members waives the insurance or reduces coverage.

(1) Those assigned to ARNG and USAR in pay status.

(2) Those on AD, ADSW, TTAD, or ADT under call or order for not less than 31 days.

(3) ROTC cadets on ADT for not less than 31 days while attending summer field training.

b. CG, ARPERCEN is responsible for collecting premiums for attached personnel. Premium rates (shown on the application, SGLV–8713) will be computed and collected semiannually.

c. Soldiers assigned to, or who upon application would be eligible for the Retired Reserve, are not insured until OSGLI receives the premium.

(1) CG, ARPERCEN will furnish a SGLV–8713 and VA Pamphlet 29–75–1 (Servicemen's and Veterans' Group Life Insurance Handbook) to control group soldiers when they complete 20 years of satisfactory service.

(2) Qualified applicants will furnish the following to OSGLI—

(a) SGLV–8713.

(b) A copy of the letter of notification of eligibility for retired pay at age 60, or a similar document.

(c) A copy of the release orders from the last drilling assignment.

(d) A check or money order for one month's premium in the amount of insurance elected.

(3) The OSGLI will furnish approved applicants a certificate of coverage and monthly payment coupons.

d. Annual payment. Premium rates for soldiers on brief periods of duty will be collected at the site of AT, ADSW, ADT, or TTAD of 31 days or less. Premiums are automatically deducted from the soldier's training pay. To preclude automatic deduction, soldiers who have already paid the current fiscal year premium must present proof of payment at the training site.

e. Waived or reduced coverage. When the insurance of a soldier having full-time coverage is reduced or waived, the new premium deduction (or no deduction) will begin on the first day of the month. It will be following the date the FAO or custodian of the MPRJ received the completed SGLV–8286. The insurance coverage of a soldier who has part-time coverage whose premium rate is paid semiannually (*b* above) or annually (*d* above) cannot be waived or reduced.

11–25. Continuity of elections and designations

a. Beneficiary designations and coverage elections are valid for the periods below—

(1) For 120 days following transition from AD, ADSW, or ADT of not less than 31 days or from assignment or attachment to a unit.

(2) When an eligible soldier applies for SGLI as a Retired Reservist, he or she must make a new beneficiary designation and election coverage. This designation and election will be valid until the soldier receives the first increment of retired pay or reaches age 61, whichever is earlier.

b. Individual soldiers of the IRR, who are not eligible for full-time SGLI coverage, must complete a new SGLV–8286 each time they enter on AT or AD, ADSW, or ADT of 31 days of less.

c. When members of the Ready Reserve separate after 20 years of satisfactory service creditable for retirement purposes, they are eligible to continue their SGLI coverage if they are eligible for assignment to the Retired Reserve and have not received the first increment of retirement pay or have not reached age 61. Members of the Ready Reserves who do not wish to continue their SGLI coverage at the time they complete their 20 years for retirement purposes may convert directly to an individual commercial life insurance policy. This conversion privilege must be exercised within the 120-day period following separation or release from such an assignment or within 1 year if totally disabled. Information on how to convert may be obtained by writing to the Office of Servicemen's Group Life Insurance, 213 Washington Street, Newark, New Jersey 07102–2999.

11–26. Counseling on ARNG and USAR coverage

a. Counseling. Counseling of ARNG and USAR members will be accomplished according to paragraph 1–5*b*(3) and 1–6*b*(3) of this regulation.

b. Twenty qualifying years—Retired Reserve. The unit commander will counsel ARNG and USAR soldiers who completed 20 qualifying years of service before transfer to a control group or before transition. Commanders will explain the change in category of coverage and emphasize that insurance is not automatic. Soldiers will be advised to include copies of unit release orders and documents listed in paragraph 11–24*c*(2) of this regulation when submitting applications to OSGLI.

11–27. Report of death.

Procedures in chapter 3, and those below will be followed when reporting the death of a soldier of the ARNG or USAR—

a. The State AG for ARNG, unit commanders for USAR, or both, will report unit personnel in training status identified in paragraph 2–1*a* and *b* to CDR, PERSCOM. The documents below (for SGLI purposes) will be sent promptly to CDR, PERSCOM (TAPC–PEC), Alexandria, VA 22331–0481.

(1) Original DD Form 93 (Record of Emergency Data), a copy of the SGLV–8286 and SGLV–8285.

(2) A copy of the training schedule for IDT, or a copy or orders to AD, ADT, TTAD, or AT as related to the circumstances of the death.

(3) When appropriate, a statement of the option elected by a non-prior-service soldier who was not in a pay status.

(4) MPRJ (USAR soldiers only).

b. ARNG and USAR personnel not in training will be reported as stated below. Unit commanders will include a copy of the official certificate of death.

(1) Report ARNG personnel to the appropriate State Adjutant General. Documentation is prescribed in chapter 10.

(2) Report USAR personnel to CG, ARPERCEN, ATTN: (DARP–PAS–AC), St. Louis, MO 63132–5200. Documentation is prescribed in chapter 9.

11–28. DD Form 1300 (Report of Casualty)

a. Officials listed below may prepare DD Form 1300.

(1) TAPC–PEC (Casualty and Memorial Affairs Operations Center) for the soldiers below—

(a) ARNG, in all cases of death while soldier was training or death resulting from such training (para 2–1*a* and 2–1*b*).

(b) USAR, in all cases of death while soldier was in status identified in paragraph 2–1*a* and 2–1*c*.

(2) State Adjutant General, in cases of death of a soldier of the Army National Guard who was not on duty at time of death (chap 10).

(3) CG, ARPERCEN, for USAR soldiers who are not in a duty status at the time of death (chap 9).

b. The deceased soldier's eligibility for SGLI will be certified on the DD Form 1300 in item 13. When appropriate, the option elected by a non-prior service soldier will be included in the certification.

c. Officials listed in paragraph *a* above will send copies of the DD Form 1300 and supporting documents listed in paragraph 11–27, to OSGLI, 213 Washington Street, Newark, NJ 07102–2999. OSGLI will then correspond directly with the beneficiary.

Section VI
SGLI Election and Certificate

11–29. Beneficiary designations

a. All soldiers electing SGLI coverage are required to designate each principal and contingent beneficiary by name. Soldiers may not designate beneficiaries "BY LAW" OR "BY WILL."

b. A soldier may designate as beneficiary any person, firm, corporation, or legal entity, including a charitable organization or a trust. A principal (first) and a contingent (second) beneficiary may be designated. A contingent beneficiary receives the SGLI proceeds if the principal beneficiary dies before the soldier. When a soldier designates more than one beneficiary, the SGLV–8286 must clearly show each beneficiary designated as either "Principal" or "Contingent." When the soldier designates two or more beneficiaries as principal or contingent, the fraction of SGLI proceeds to be paid each beneficiary will be shown on the form.

c. Designation of children, as with adults will be designated by name. However, they may also be designated by relationship when the soldier desires to provide the same amount of SGLI proceeds to each child.

(1) Designation of children by relationship is desirable when, because of the number of children being designated, it eliminates the need for adding a continuation sheet to the SGLV–8286.

(2) A soldier designating children by relationship is not required to provide information on the SGLV–8286 as to their names, addresses, or social security numbers.

(3) Soldiers, even those with only one child, should not designate "my child," since this may exclude children born after the designation. Those with one child desiring to designate the child as a beneficiary should use the phrase "my child(ren)." See figure 11–8. A soldier who has one or more children may designate all of them as beneficiary(ies) by using the phrase "My Children". See figure 11–9. A soldier previously married may designate those children as "My Children from my marriage to Jane C. Smith." See figure 11–10. A soldier who

has children from more than one marriage may designate all the soldier's children and no others as beneficiaries by naming the spouse and/or former spouse who is also the child(ren)'s natural parent. See figure 11–11.

(4) When a soldier has step-children, adopted children, or children born out of wedlock, the soldier should designate them by name, rather than by relationship.

(5) Soldiers designating minors (persons under the age of 18 years), regardless of the relationship, if any between the soldier and the children, will be counseled according to paragraph 11–30.

d. A soldier may designate a custodian for a beneficiary who is a minor under the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA). This process permits the soldier, not a court of law, to determine who will act in the minor's best interest. Designation of a custodian will normally ensure that there is no delay in payment of the SGLI proceeds. See figure 11–12.

e. Designation of a trustee named in a will. A soldier may designate a trustee under a trust established in a will. The will must be signed (executed) prior to completing the SGLV–8286. See figure 11–13.

f. Designation of a trustee named in a trust document (outside a will). A soldier may designate a trustee under a trust established in a trust document (outside a will). This document may be titled a "Trust Agreement" or a "Declaration of Trust". The soldier must have the trust document prepared and signed (executed) prior to completing the SGLV–8286. See figure 11–14 and figure 11–15.

g. Designation of all beneficiaries will remain in effect until properly changed by the soldier or until the SGLI is automatically canceled or terminated. Termination of one period of military duty and entry into another period of military duty will not automatically cancel the designation, except where there is a break in service. When there is a break in service the previous beneficiary designation is canceled. (See 38 Code of Federal Regulations (CFR) part 9.16).

11–30. Counseling on beneficiary designations.

a. Initial requirement. The rights, benefits, and privileges available under SGLI will be explained to all eligible soldiers entitled to coverage upon initial entry on AD, or to USAR or ARNG. All soldiers will be advised that any questions they have about the SGLV–8286 or their beneficiary designations may be answered by attorneys who provide legal assistance at no expense to the soldier by servicing staff or command judge advocate offices. Except for the unusual designations (para 11–30*b*), all counseling required by this paragraph may be performed by providing written handouts. Legal advice as to content of such handouts may be obtained from servicing staff and command judge advocates. See AR 27–3.

b. Unusual designation. When a soldier is likely to be survived by family members or parents and names some other person or organization as a beneficiary, an officer, warrant officer, senior NCO (E7–E9), or civilian (GS–5 or higher) employee will counsel the soldier. At a minimum, the counselor will advise the soldier that SGLI is intended to provide some form of financial security for family members or parents. Additionally, soldiers will be informed that election of beneficiaries is a personal choice requiring careful consideration. If the soldier insists on an unusual designation, the person providing the counseling to the soldier will insert the following notation near the bottom of the SGLV–8286: "On (date) this soldier was counseled regarding this unusual beneficiary designation." The person who counseled the soldier will sign and date the form. See figure 11–7.

c. Designation of minors directly by name or by relationship. A soldier who wishes to name a minor as a principal or contingent beneficiary directly by name or by relationship, will be counseled that SGLI proceeds cannot be directly paid to a minor. (Examples of such designations are at para 11–29*c*). The soldier will be further advised of the following—

(1) Advantages are—

(a) The probate of a will is not required in order to pay SGLI proceeds. If the SGLI proceeds are the only major asset in the soldier's estate, the delay and expense involved in probate may be avoided altogether.

(b) A court will determine the person best qualified to serve as guardian of the SGLI proceeds for the benefit of the minor.

(2) Disadvantages are—

(a) Before the SGLI proceeds may be released and used for the benefit of a minor (other than a minor spouse), an adult acting on behalf of the minor (or appointed by a court to do so) must petition a court to be appointed the guardian for the SGLI proceeds. Since the appointment of a guardian takes place after the soldier's death, the soldier has no input as to the person selected to act for the minor. In many cases, the person appointed guardian for a child, who is designated as a SGLI beneficiary, may be the soldier's spouse or former spouse.

(b) Most courts will require the guardian to pay for a surety bond to ensure payment of the SGLI proceeds.

(c) Under some state laws, only a certain amount of money may be spent on behalf of a minor each month, or year, despite the soldier's election; if more is needed, the approval of a judge must be obtained.

(d) Certain bond, court, and legal expenses will have to be paid out of the SGLI proceeds, initially, as well as during such period of time the designated beneficiary remains a minor.

(e) The distribution of SGLI proceeds will be delayed pending the appointment of a guardian.

(f) All SGLI proceeds will have to be paid to the minor at age 18, regardless of the minor's maturity, or lack thereof.

d. Designations of custodians and trustees. Although designating a custodian for minor beneficiaries or a trustee for minor and/or adult beneficiaries may be preferable to designating some persons directly by name (or by relationship) as SGLI beneficiaries, these methods require certain steps to be taken before such designations can be made. A soldier, however, should not delay—nor should the soldier be counseled to delay—completing the SGLV–8286 to complete these steps. For example, it is preferable that soldiers designate a minor beneficiary directly by name or by relationship and later execute a new SGLV–8286 after they have found a person who has agreed to serve as the minor's custodian or trustee.

e. Designating a custodian. A soldier who desires to name a custodian for a minor as the principal or contingent beneficiary under the UGMA or the UTMA will be advised that prior to completing the SGLV–8286, they should contact and obtain the approval of the friend, relative, or financial or other institution they want to serve as the UGMA/UTMA custodian for distribution of the SGLI proceeds. Transfer of SGLI benefits under the UGMA/UTMA may be for the benefit of a minor child or children, regardless of their relationship, if any, to the soldier. The soldier will be further advised of the following—

(1) Advantages are—

(a) There is no requirement for court involvement. The court appointment of a custodian and the probate of a will is not required in order to pay SGLI proceeds. If the SGLI proceeds are the only major asset in the soldier's estate, the delay and expense involved in probate may be avoided altogether.

(b) The soldier, not a court, determines who will act in the minor's best interest with regard to the use of SGLI proceeds.

(c) The UGMA/UTMA custodian can use the SGLI proceeds, as the UGMA/UTMA custodian determines is appropriate, for the benefit of the child(ren) during the period of time the child(ren) remain minor(s).

(d) Ordinarily the UGMA/UTMA custodian will not be required to pay for a surety bond to receive the SGLI proceeds.

(e) There ordinarily will be no delay in the distribution of SGLI proceeds to the designated UGMA/UTMA custodian.

(2) Disadvantages are—

(a) All SGLI proceeds will have to be paid to the minor at age 18, regardless of the minor's maturity, or lack thereof.

(b) There is no automatic court supervision of the UGMA/UTMA custodian.

(c) There is no surety bond required that could protect the minor's funds from theft, fraud, waste, and other such acts by the UGMA/UTMA custodian.

f. Designating a trustee under a trust established in a will. A soldier who wishes to designate a trustee under a trust established in a will (a

testamentary trust) as a primary or contingent beneficiary will be advised that before completing the SGLV–8286, the soldier must have a will prepared that contains a trust, and the soldier must sign (execute) the will. The trust in the will may be established for minors or adults, regardless of their relationship, if any, to the soldier. The soldier will be further advised of the following—

(1) Advantages are—

(a) The need and (related expense) of maintaining a surety bond may be waived in the will.

(b) The trustee can use the SGLI proceeds for the benefit of the minor for the period of time, and in the manner specified, in the will. Direct distribution of SGLI proceeds may be delayed beyond the 18th birthday of the minor (e.g., upon completion of college, or age 25, which ever occurs first).

(2) Disadvantages are—

(a) The will, which might not have otherwise required probate (e.g., because of the small amount of other property in the soldier's estate), will have to be probated and the court will need to appoint the trustee before the designated trustee may receive the SGLI proceeds. Court and legal expenses will have to be paid.

(b) The distribution of SGLI proceeds will be delayed.

(c) There is no surety bond required that could protect the minor's funds from theft, fraud, waste, and other such acts by the trustee.

g. Designating a trustee under a trust established in a trust document (outside a will). A soldier who wishes to designate a trustee under a trust established in a trust document as a primary or contingent beneficiary will be advised that before completing the SGLV–8286, the soldier must have a trust document prepared, and the soldier must sign (execute) the trust document. The trust document may be established for minors or adults, regardless of their relationship, if any, to the soldier. The soldier will be further advised of the following—

(1) Advantages are—

(a) There is no requirement for court involvement. The court appointment of a guardian and the probate of a will is not required in order to distribute SGLI proceeds. Court costs and attorney's fees can usually be avoided.

(b) A surety bond (and related expense of maintaining the bond) is not required.

(c) There ordinarily will be no delay in the distribution of SGLI proceeds to the trustee.

(d) The trustee can use the SGLI proceeds, for the benefit of the minor for the period of time specified in the trust document in the manner stated in the trust document. Direct distribution of SGLI proceeds may be delayed beyond the 18th birthday of the minor (e.g., upon completion of college, or age 25, which ever occurs first).

(2) Disadvantages are—

(a) There is no court supervision of the trustee.

(b) There is no surety bond required that could protect the minor's funds from theft, fraud, waste, and other such acts by the trustee.

(c) The soldier will usually have to pay a civilian lawyer to draft and execute a trust document.

h. Failure to properly name beneficiary. Soldier will be advised that if beneficiaries are not designated, or the designation fails (e.g., the designated beneficiary dies before the soldier dies; a trustee is designated, but no trust was established) SGLI proceeds will be paid according to Title 38 United States Code, Section 1970, which provides for SGLI proceeds to be paid in the following order—

(1) Widow or widower; if none, to—

(2) Child or children in equal shares with the share of any deceased child distributed among the descendants of that child; if none, to—

(3) Parent(s) in equal shares; if none, to—

(4) The executor or administrator of the soldier's estate; if none, to—

(5) Other next of kin.

11–31. Change or cancellation of beneficiary designation

a. Soldiers will be advised that they must execute a new form to change a beneficiary designation and that any event occurring after the soldier completes the form (e.g., divorce, annulment) will not change their beneficiary designation. A last will and testament, a power of attorney, or any other document will not and can not change or cancel any SGLI beneficiary designation. To change a beneficiary the soldier must complete a new SGLV–8286.

b. An insured soldier may designate a beneficiary or change a prior designation any time without knowledge or consent of the beneficiary. The soldier must complete SGLV–8286. In part 2, the soldier will enter the name(s) of principal or contingent beneficiary(ies).

c. Any soldier who wishes to change beneficiary(ies) and is on an authorized leave, TDY, approved administrative absence, and cannot report to the custodian of his or her MPRJ may go to the nearest Army, ARNG, or USAR installation. The soldier will report to the commander or agency responsible for preparing, revising, or making changes to SGLI benefits. With proper identification, he or she may prepare a new SGLI election. That agency will give the soldier the proper copy and promptly send the original and other copy to the custodian of the soldier's MPRJ for distribution.

d. Soldiers may change beneficiaries after transition for as long as coverage is in effect. A copy of DD Form 214 (Certificate or Release or Discharge from Active Duty) is required as proof of coverage. The soldier may make beneficiary changes by sending a letter with his or her signature and a copy of his or her DD Form 214 to OSGLI (para 2–20) requesting the desired change. A statement should be included that the change of beneficiary applies to the 120 days following transition from AD or other applicable period.

e. A designation or change of beneficiary will not be valid unless it is received by OSGLI, the custodian of the MPRJ, or authorized representative prior to payment.

11–32. Automatic termination of beneficiary designation

A beneficiary designation will automatically terminate for one of the following reasons.

a. Insurance under the group policy terminates 120 days following transition from all duty; or there is no longer an obligation to perform duty in a uniformed service.

b. The soldier re-enters on duty, or assumes an obligation to perform duty, in another uniformed service.

c. The soldier re-enters on AD, ADT, TTAD, IDT in the same uniformed service after a break in service.

d. At the end of an extended period of disability coverage, not to exceed one year.

11–33. Election/Review of coverage

a. To elect options, every eligible soldier must have on file a properly completed SGLV–8286 (fig 11–2 through 11–15). Agencies shown in table 11–2 will assist soldiers in preparing and revising SGLV–8286. They will ensure that all entries are typed or printed legibly in ink, except for the following, which must be in the soldier's handwriting. (See figs 11–2 through 11–15 for examples).

(1) Signature (First, MI, Last).

(2) Reduction or refusal of insurance.

b. A soldier's election on or before the first day of entry on-duty is effective starting that date and for subsequent months, unless he or she changes or terminates it.

c. If a soldier waives the right to SGLI or reduces the amount of coverage from the maximum allowable to a lesser amount, it must be in his or her own handwriting. (See fig 11–3).

d. Coverage in effect on the day a soldier waives or reduces SGLI will end at midnight of the last day of the month in which the custodian of the MPRJ or authorized representative receives the revised SGLV–8286, as stated above.

e. A waiver or reduction of SGLI ends on discharge and immediate reenlistment (in the same or another uniformed service) or when discharged to accept a commission or warrant officer appointment, with or without a break in service. A soldier who has a waiver or reduction of SGLI terminated by the foregoing is automatically reinsured for the $100,000 amount of SGLI after changing status. At the time, the soldier must complete a new SGLV–8286. He or she must again specify the waiver or reduction desired.

f. Review and update SGLV–8286 anytime there is change or during any records audit. A new SGLV–8286 is not required when the

only change is the soldier's unit of assignment. If no update is required during any records audit, the soldier will initial and enter date in pencil, on the bottom right margin of the form.

11–34. Restoration or reinstatement of waived coverage

When a soldier waived the right to be insured under SGLI or elected reduced insurance coverage and now wants to obtain coverage or increase the amount, the soldier must apply, in writing, to OSGLI. This also applies to a soldier whose coverage was forfeited under paragraph 11–15, of this regulation and the member is restored to duty under conditions which resulted in remission of sentence.

a. The SGLV–8285 (Request for Insurance) (See fig 11–16) will be prepared for all soldiers desiring to reinstate or increase current SGLI coverage. Part I will be completed and signed by the soldier. Part II will be certified by the soldier's commander or equivalent superior (person should have general knowledge of the soldier's health condition). If the soldier answers "NO" to item 11, and all parts of items 12 and 13, the original completed SGLV–8285 and a new SGLV–8286 will be retained in the MPRJ and a copy forwarded to FAO to deduct premiums from the soldier's pay. It is not necessary to send a copy of the SGLV–8285 to OSGLI. In the event of the soldier's death, a copy of the completed SGLV–8285 and SGLV–8286 will be forwarded to CDR, PERSCOM (TAPC–PEC) Alexandria, VA 22331–0481.

b. If the soldier answers "YES" in item 11, or to any part of items 12 or 13, the original SGLV–8285 will be filed in the MPRJ and a copy of the completed form sent to OSGLI, 213 Washington Street, Newark, NJ 07102. OSGLI will review the application and return an annotated copy to the soldier's unit showing whether the request is approved or disapproved. The copy returned from OSGLI will be filed in the soldier's MPRJ. A new SGLV–8286 will not be submitted to FAO until the "APPROVED" SGLV–8285 is received from OSGLI. Upon receipt of the "APPROVED" SGLV–8285, an SGLV–8286 should be submitted to FAO with an effective date as of the date the SGLV–8285 was submitted to OSGLI. If the request for insurance is disapproved, the soldier will be notified and advised that he or she may write to OSGLI for an explanation of the disapproval.

c. Steps for preparation of SGLV–8286 and SGLV–8285 is shown in table 11–3.

11–35. Distribution of SGLV–8286

Distribution and disposition of completed SGLV–8286 is shown at table 11–4.

11–36. Supply of VA forms

The following forms will be requisitioned through regular distribution channels:

a. SGLV–8285.
b. SGLV–8286.
c. SGLV–8713.
d. SGLV–8714.

Section VII
Veterans' Group Life Insurance (VGLI)

11–37. General

a. The Veterans' Group Life Insurance program commenced 1 August 1974 with the enactment of *Public Law 93–289*. A soldier entitled to SGLI coverage may convert his or her SGLI to renewable five-year term coverage known as VGLI. The program, like SGLI, is supervised by the Department of Veterans Affairs. This insurance is five-year renewable term coverage with the right to either convert to an individual policy with any of the participating companies licensed to do business in the veteran's state or renew the coverage for another five-year term period, at the premium rate for the veteran's age group.

b. As soldiers transition from AD, reenlist, and effect other changes in duty status, some will be eligible for both SGLI and VGLI. Any veteran insured under VGLI who may again become eligible for SGLI is automatically insured under the SGLI program. Both plans can be participated in, if it is advantageous to the soldier, and the combined amount of SGLI and VGLI does not exceed $200,000. Upon regaining SGLI coverage, if a soldier desires to retain VGLI, he or she must decline the proportionate amount of SGLI. Also, under these circumstances, the soldier may convert some or all of the VGLI coverage to an individual commercial policy. This must be accomplished within the 60-day period and before conversion. VGLI will be payable only in an amount which, when added to the SGLI payable, does not exceed $200,000.

11–38. Amount of insurance

Coverage may be obtained in increments of $10,000 up to a maximum of $200,000, but not more than the amount of SGLI that the soldier had in force at the time of separation from military service. Premiums may be paid monthly or annually; rates are shown separately on the SGLV–8714 (Application for Veteran's Group Life Insurance) (fig 11–18).

11–39. Eligibility

VGLI is available to—

a. Individuals being released from AD, ADSW, or ADT under call or order specifying not less than 31 days.

b. Reservists who, while performing AD, ADT, or IADT under call or order specifying a period of less than 31 days, have their SGLI continued in force for an additional 120 days as a result of a disability incurred or aggravated during such a period of duty. In this case, the soldier may convert their SGLI to VGLI during the 120-day period.

c. Members of the Individual Ready Reserve (IRR) and Inactive National Guard (ING).

11–40. Application of VGLI

a. Soldiers on AD entitled to full-time SGLI coverage may convert to VGLI by submitting SGLV–8714, (Application for Veterans Group Life Insurance) (fig 11–18) with the premium within 120 days of separating from active duty. If the veteran, unless totally disabled, does not submit the premium within 120 days, VGLI may be granted within one year after SGLI coverage is terminated. In this case, the veteran must submit SGLV–8714 along with initial premium and evidence of insurability, i.e., (current physical examination). Insurance will be effective the date the premium is received in OSGLI.

b. Soldiers with full-time SGLI coverage who are totally disabled at the time of separation and whose service makes them eligible for VGLI may purchase this insurance while remaining totally disabled up to one year following separation. To apply for VGLI, totally disabled soldiers must submit proof of disability with an application within one year of separation. The effective date of VGLI will be at the end of the one-year period following separation or the date the disability ends, whichever is earlier, but in no event prior to 120 days after separation.

c. Soldiers insured under part-time SGLI coverage who incur a disability or aggravate a preexisting disability during AD, ADT, or IADT can apply for VGLI within the 120-day period following the period during which the disability was incurred or aggravated. The insurance would be effective on the 121st day if the disability—

(1) Results in his or her death.

(2) Renders the member uninsurable at standard premiums, in which event the insurance will continue in force to death, or for the 120 days after separation or release form AD or ADT, whichever is the earlier date.

d. With respect to a member of the IRR who meets the criteria in paragraph 11–20*b*, coverage will cease 120 days after separation or release from such assignment—

(1) Unless the member is totally disabled on the day of separation or release, in which case the insurance will cease one year from the date of separation or release, unless the insured ceases to be totally disabled, whichever is earlier, but in no event prior to 120 days; or

(2) Unless on the date of separation or release the member has completed at least 20 years of satisfactory service creditable for retirement purposes and would upon application be eligible for assignment to or is assigned to the Retired Reserve, in which event the insurance, unless converted to an individual policy, as described in paragraph

11–23, will, upon timely payment of premiums, continue in force until receipt of the first increment of retirement pay by the member or the member reaches age 61, whichever comes earlier.

e. With respect to a member of the Retired Reserve, who meets the criteria in paragraph 11–22*b*(3), coverage ceases when the member receives the first increment of retirement pay or the member reaches age 61, whichever is sooner. This insurance is contingent upon the member making timely payment of the initial and subsequent premiums.

11–41. Notification of insurance

A certificate of coverage will be sent to the veteran as confirmation of the approved application. Premium notices will also be provided as needed.

Table 11–2
Preparation and Distribution of DD Form 93 (Record of Emergency Data)

Category of Personnel	Responsible Agency	Initial Distribution	Disposition when status Changes (Note 1)
Active Duty Enlistees, inductees, and reenlistees from civilian life entering the active Army	Military Enlistment Processing Station (MEPS)	Place all copies of completed DD Form 93 in soldiers file, and handcarry file to the Reception Battalion. (Note 2)	Upon death, mail card copy immediately to CDR, PERSCOM (TAPAC–PEC) 2461 Eisenhower Avenue, Alex, VA 22331.
	Reception Battalion	Mail 1st card copy to CDR, PERSCOM (TAPC–PEC), 1st paper copy to MPRJ, and 2d paper copy to soldier. (Note 2)	Upon death, mail 1st paper copy of DD Form 93 with SGLV–8286 to CDR, PERSCOM (TAPC–PEC). Send copy of DD Form 93 last LES/MPV via the DFAS, input station to CDR, DFAS, ATTN: Inquiries Division, Dept 363, Indianapolis, IN 46249.
ARNG and USAR personnel on AD for less than 6 months, or enroute to or from or while participating in authorized training.	Responsible unit or organization to which attached or training site.	File 1st card copy in a separate file at unit. File 1st paper copy in MPRJ, give 2d paper copy to soldier, and 2d card copy to FAO.	Upon death, mail 1st card copy of DD Form 93 with SGLV–8286 to CDR, PERSCOM (TAPC–PEC). Send PFR with last MPV to DFAS via the servicing DFAS–RC input station.
ARNG and USAR on AD for more than 6 months.	Responsible unit or organization.	Mail 1st card copy to CDR, PERSCOM, (TAPC–PEC). File 1st paper copy in MPRJ, give 2d paper copy to soldier, and 2d card copy to servicing FAO.	Upon death, mail 2d paper (MPRJ copy) with SGLV–8286 to CDR, PEERSCOM (TAPC–PEC). Send PFR with last MPV to DFAS via the servicing DFAS input station.
ARNG and USAR unit member not in duty or training status	Responsible unit or organization.	File 1st card copy in a separate file at unit. File 1st paper copy in MPRJ, give 2d paper copy to soldier, and 2d card copy to FAO.	See chapter 9 for USAR and chapter 10 for ARNG.
USAR enlistees and reenlistees from civilian life entering the USAR and scheduled for IADT	MEPS	File 1st card copy and 1st paper copy in soldiers file and handcarry file to Reception Battalion. Send 2d card copy to USAR unit of assignment and 2d paper copy to soldier.	Upon death, mail 1st card copy of DD Form 93 and SGLV–8286 to CDR, PERSCOM, (TAPC–PEC).
	USAR Unit of assignment	Furnish 2d card copy to FAO.	Upon death, notify FAO to send last LES/MPV to DFAS via the servicing DFAS input station.
	Reception Battalion	File 1st card copy and 1st paper copy in MPRJ.	Upon death, mail 1st card copy of DD Form 93 and SGLV–8286 to CDR, PERSCOM (TAPC–PEC). Notify FAO to forward DD Form 93 with last LES/MPV to DFAS via the servicing DFAS input station.
USMA cadets and newly commissioned graduates	USMA	File 1st card copy and 1st paper copy in MPRJ at the USMA. Give 2d paper copy to cadet. (Note 2)	When commissioned, fill out new form and mail 1st card copy to CDR, PERSCOM (TAPC–PEC), file 1st paper copy in MPRJ and give 2d paper copy to soldier. If death occurs in cadet status mail 1st card copy to CDR, PERSCOM (TAPC–PEC), with SGLV–8286. Send 1st paper copy to DFAS with last LES/MPV via the servicing DFAS station.

Table 11–2
Preparation and Distribution of DD Form 93 (Record of Emergency Data)—Continued

Category of Personnel	Responsible Agency	Initial Distribution	Disposition when status Changes (Note 1)
ROTC cadets attending summer camp and ROTC cadets receiving commission upon graduation.	ROTC Instruction Group. (Note 3)	File 1st card and 1st paper copy in MPRJ and give 2d copy to cadet. (Note 2)	When commissioned, fill out a new form and mail 1st card copy to CDR, PERSCOM, (TAPC–PEC), file 1st paper copy in MPRJ and give 2d paper copy to soldier. While at summer camp, send 1st card copy to installation CDR of camp. Return card to Professor of Military Science at school upon completion of camp. If death occurs at camp, mail 1st card copy with SGLV–8286 to CDR, PERSCOM, (TAPC–PEC). Send 2d paper copy to DFAS with last LES/MPV via the servicing DFAS input station.
2LT's commissioned under the early commission program (assigned to USAR Contingency Group Delayed)	Army HQ processing the appointment	Home unit will file 1st card copy, file 1st paper copy in MPRJ, and give 2d paper copy to soldier. (Note 2)	Upon death, send 1st paper copy of DD Form 93 with SGLV–8286 to CDR, PERSCOM, (TAPC–PEC). Send a copy with last LES/MPV to DFAS via the servicing DFAS input station.
Active Duty, USAR, and ARNG soldiers needing changes to their DD Form 93.	Agency responsible for MPRJ.	Mail 1st copy to CDR, PERSCOM, (TAPC–PEC), file 1st paper copy in MPRJ, and give 2d paper copy to soldier. (Note 2)	Upon discharge (except to reenlist or REFRAD), destroy paper copy. Upon death, mail 1st paper copy of DD Form 93 with SGLV–8286 to CDR, PERSCOM, (TAPC–PEC). Send copy of DD Form 93 with last LES/MPV to DFAS via the servicing DFAS input station.
DA civilians assigned OCONUS, not designated as emergency essential (EE)	Home station civilian personnel office	Mail 1st card copy to CDR, PERSCOM, (TAPC–PEC), file 2d and 3d paper copy in employees OPF, give 2d card copy to employee.	Upon deployment in support of military operations, place 3d paper copy in outprocessing packet to take to central processing center. Upon death, mail 2d paper copy to CDR, PERSCOM, (TAPC–PEC).
DA Civilians assigned OCONUS, designated as EE	Home station civilian personnel office	Mail 1st card copy to CDR, PERSCOM, (TAPC–PEC), file 2d paper copy in employees OPF, forward 3d paper copy to theater PERSCOM, give 2d card copy to employee.	Upon death, mail 2d paper copy to CDR, PERSCOM, (TAPC–PEC).
DA Civilians in CONUS assigned to EE	Home station civilian personnel office	File 1st card copy, 2d and 3d paper copy in employees OPF and give 2d card copy to employee	Upon deployment, mail 1st card copy to CDR, PERSCOM, (TAPC–PEC), file 2d copy in OPF, place 3d paper copy in employees outprocessing packet.
DA Civilians in CONUS or OCONUS deploying TDY	Home station civilian personnel office	Mail 1st card copy to CDR, PERSCOM, (TAPC–PEC), file 2d paper copy in OPF, place 3d paper copy employees processing packet, and give 2d card copy to employee	Upon death, mail 2d paper copy to CDR, PERSCOM, (TAPC–PEC),
	CRC or other central processing center	Upon delopyment, forward 3d paper copy with employee to theater	Upon arrival in theater, turn 3d paper copy over to the inprocessing center.

Notes:

1. Upon death of a soldier, documents to be sent to CDR, PERSCOM, (TAPC–PEC), will be mailed immediately (within 2 working days). Agencies responsible for preparation and initial distribution of DD Form 93 will send the cards to CDR, PERSCOM (TAPC–PEC), when applicable, within 72 hours of preparation.
2. The second card copy will be destroyed or used as directed by the local commander. Forms prepared by MEPS, the Army recruiting battalion will retain the second card copy for a minimum of 15 days and then destroy it.
3. The DD Form 93 will be completed at least 30 days before the opening date of camp or entry on AD (AR 145–1).
4. A new DD Form 93 will be prepared when there is a change (except unit), ie., marriage, divorce, birth of children, a family member deceased, home address changes, etc.
5. If soldier's pay and allowances are processed by DFAS, then send the 2d card copy to the soldier's PAC for filing in soldier's readiness file or other POR screening/ mobilization file.

Table 11–3
Preparation of SGLV–8286 (Servicemen's Group Life Insurance and Election Certificate) and SGLV–8285 (Request for Insurance)

Step	Work Center	Required Action
1	Individual	The soldier will ensure that— a. Data contained on SGLV–8286 is current. b. The PSD/MPD is promptly informed when the following changes occur: (1) The individual elects to increase or decrease coverage. (2) The individual elects not to have coverage. (3) The individual changes beneficiary(ies). (4) Have a legal name change.
2	PSC/MPD	The custodian of the MPRJ is responsible for— a. Notifying individual in advance when annual or other reviews are required. b. Screening all SGLV–8286 and SGLV–8285 for completeness, accuracy, and legibility. c. Ensuring that personnel are— (1) Interviewed and understand the purpose of SGLI and why they must have on file a valid up-to-date SGLV–8286. (2) Made aware that all data on the form will be considered as personal information. This is in keeping with the provisions of the Privacy Act. It requires that all persons completing the form be advised of the need for completing it and the purpose for which the information will be used. (3) Notified that the SGLV–8286 will be reviewed and updated, annually. When no update is required, the individual will initial and enter the date of review in pencil below the **"Date Completed"** in the right bottom margin of the SGLV–8286.
3	PSC/MPD	Must be familiar with the entire SGLI range of VA publications discussed Counselor therein; also, must be familiar with state laws concerning minor children. In unusual circumstances, must consult with local SJA or official of the state concerned.
4	PSC/MPD	Counsel soldiers on the following: a. Designation of unusual beneficiary(ies): A soldier that is likely to be survived by a spouse/family members who designates some other person or entity as beneficiary(ies) will be counseled that SGLI was specifically designed to provide security for surviving spouse/family members. The soldier should be encouraged to give careful consideration to designating them as beneficiary(ies). If the soldier insist on naming an unusual designation, a notation concerning the counseling will be made near the bottom of the SGLV–8286 (e.g., "On **(Date)**, this soldier was counseled regarding this unusual beneficiary designation". The notation will be signed and dated by the individual who counseled the soldier. (See para 11–30*b* and figure 11–7) b. Designation of minors as beneficiary(ies): Advise soldiers who desire to name minors as beneficiaries (children such as son(s), daughter(s), nephews, brothers, sisters, etc. . .) that proceeds from SGLI cannot be paid to a minor, unless the minor is the surviving spouse without the court appointment of a guardian. Getting the guardian appointed is very costly and can greatly reduced the insurance proceeds. If the soldier insist, he should be counseled on establishment of a "Will" by qualified JAG personnel. (See para 11–30)
5	PSC/MPD	Review completed SGLV forms: a. SGLV–8286. Used to elect SGLI coverage. Soldiers must fill out form completely. Soldier must elect amount of coverage, list beneficiaries (principle and contingent), signature (First, MI, Last), and date the form. Complete instructions are located on the back of the form. b. SGLV–8285. Required when soldier desires to reinstate or increase current SGLI coverage. Soldiers must complete and sign the form. Complete instructions are located on the back of the form. A physical is not required. The form should then be certified below the soldier's signature by his/her Commander or equivalent superior.
6	PSC/MPD	Process completed SGLV–8286 and SGLV–8285. a. Upon receipt of a newly completed SGLV–8286 and SGLV–8285. If the soldier answered "NO" to item 11, all parts of items 12 and 13, the original SGLV–8285 and a new SGLV–8286 will be retained in the MPRJ and a copy forwarded to the local FAO for deduction of premiums from the soldier's pay. It is not necessary to send a copy of the SGLV–8285 to OSGLI. b. If the soldier answered "YES" in item 11, or to any part of items 12 and 13, the original SGLV–8285 will be filed in the MPRJ and a copy of the completed form sent to OSGLI, 213 Washington Street, Newark, NJ 07102. OSGLI will review the application and return an annotated copy to the soldier's unit indicating whether the request is approved or disapproved. The copy returned from OSGLI will be filed in the soldier's MPRJ. The SGLV–8286 will not be submitted to the FAO until the "Approved" SGLV–8285 is received from OSGLI. Upon receipt of an "Approved" SGLV–8285, the SGLV–8286 will be submitted to the FAO with an effective date as of the date the SGLV–8285 was submitted to OSGLI. c. If the request for insurance is "Disapproved", the soldier will be notified and advised that he or she may write to OSGLI for an explanation of the disapproval.
7	PSC/MPD	Distribution of the SGLV–8286 will be IAW Table 11–3.
8	PSC/MPD	Upon death, remove the MPRJ copy of the SGLV–8286, if applicable (SGLV–8285) and DD Form 93, make copies for the MPRJ, and forward the originals by mail to CDR, PERSCOM, (TAPC–PEC), 2461 Eisenhower Avenue, Alexandria, VA 22331–0481, within 2 working days.

Table 11–4
Distribution of SGLV–8286

Personnel Category	Agency Responsible	Distribution	Disposition on Change of Status (Notes 1 and 2)
a. Enlistees and reenlistees from civilian life	Reception Battalion	Copy 1—MPRJ Copy 2—Member Copy 3—Finance	If a soldier dies send copy 1 and a copy of the latest leave and earning statement (LES) to CDR, PERSCOM, (TAPC–PEC), Alex, VA 22331–0481.
Officers	Accession Unit		
b. USMA cadets and newly commissioned graduates	US Military Academy	Copy 1—Cadet's file at academy Copy 2—Cadet Copy 3—Destroy	If a USMA cadet dies, mail copy 1 and a copy of latest LES to CDR, PERSCOM, (TAPC–PEC) Alex, VA 22331–0481. When commissioned, fill out new form before entry on AD/ADT and distribute as in category a above.
c. ROTC cadets attending field training or practice cruises, and cadets commissioned at graduation	ROTC instructor (at least 30 days before training entry on AD) (AR 145–1)	Copy 1—Cadets file maintained by PMS at school Copy 2—Cadet Copy 3—Destroy	The commander who maintains the records prescribed in paragraph 5–33, AR 145–1, will keep copy 1. If the ROTC cadet dies during training (including tavel to and from duty), copy 1 and a copy of latest LES will be sent to CDR, PERSCOM (TAPC–PEC) Alex, VA 22331–0481. When commissioned, fill out new form before entry on AD/ADT and distribute as in category a above.
d. (1) ARNG and USAR personnel assigned to a unit	Unit of assignment assignment	Copy 1—MPRJ Copy 2—Member Copy 3—Finance (note 3) (Note 3)	If a soldiers dies while training send copy 1 to CDR, PERSCOM, (TAPC–PEC), Alex, VA 22331–0481. For ARNG, include a copy of report of investigation (NGR (600–31). If a soldier dies while not in training send copy 1 to CG, ARPERCEN (DARP–PAS–AC), St. Louis, MO 63132–5260.
(2) USAR personnel of the IRR attached to a unit.	Unit of attachment. Activity to which soldier reports for AD, AT, ADT, ADSW.		
e. All personnel above	Organization or activity having custody of soldier's MPRJ	As in a above	As in a above

Notes:
1. When a soldier is retired (TDRL, PDRL) and remains in an Army medical facility until death, the medical facility will send the current document along with a copy of his/her DD Form 214 to CDR, PERSCOM (TAPC–PEC), Alex, VA 22331–0481.
2. All revisions or changes will be distributed the same as above.
3. Upon mobilization, disposition of SGLV–8286 will be IAW AR 600–8–104.

RECORD OF EMERGENCY DATA
DD Form 93, MAY 89
Previous editions are obsolete, except for 75 edition which may be used until supply is exhausted.

DO NOT FOLD, STAPLE OR MUTILATE	1. Name (Last, First, Middle)	2a. SSN	2b. Initial (To indicate valid SSN)	3a. Svc	3b. Reporting Unit Code Duty Station
	Bliss, Robert Jerome	987 -65 -4321		A	
4. Spouse's Name / Address	Mary A. (Baxter)Bliss/322 Raven Street City, State Zip Code				
5. Children's Names / Relationship / Date of Birth (YYMMDD) / Address	Susan B./D/4Jul89/see item 4 John W./S/4Jul89/see item 4				
6. Father's Name / Address	Francis J. Bliss/2515 Landing Street City, State Zip Code				
7. Mother's Name / Address	Anna B. (FOXES) Bliss/see item 6				
8. Do Not Notify Due to Ill Health	a. NA	b. Notify Instead NA			
9. Beneficiary(ies) for DG - If No Surviving Spouse or Child / Address / Percentage	Anna B. Bliss/see item 6/Mother/100%				
10. Beneficiary(ies) for Unpaid Pay/ Allowances / Address / Percentage	Mary A. Bliss/Spouse/see item 4/100%				
11. Allotment Designee / Percentage if Missing*	Mary A. Bliss/Spouse/see item 4/100%				
12. Insurance (SGLI & Other Insurance Companies/Policy Nos.)	a. SGLI (Optional Service Use) ☒ Maximum ☐ Other (Amount) _____ ☐ No	b. Insurance Companies / Policy Numbers American Life Insurance (Policy #7711)			
13. Continuation / Remarks					
14. Signature of Servicemember (Include Rank / Grade / Rate)	Robert J. Bliss SFC	15. Signature of Witness (Include Rank / Grade / Rate)	Sara Robinson GS5	16. Date Signed (YYMMDD)	930908

Privacy Act Statement

AUTHORITY: 10 USC 1475 to 1480 and 2771, 38 USC 770, 44 USC 3101, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSES: This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.

ROUTINE USES: This form is a component in the Casualty Notification file series appropriate to each branch of the Military Services. It is to be used by casualty offices to notify a servicemember's next of kin of that member's injury, illness, or death. The member designates the person(s) to receive any unreceived pay and allowances and death gratuity benefits. Additional information concerning wills, insurance policies, and other personal data to be used in settling personal affairs in the event of the member's death may be included on this form. Release of personal identifier information to the member's finance office is required for appropriate distribution of pay and allowance benefits to designated beneficiaries of missing or interned servicemembers. This form is strictly for internal Service record purposes.

DISCLOSURE: Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.

INSTRUCTIONS TO SERVICEMEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" *(if used by your Service)*, please read the following statement carefully, and sign on the line provided:

I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.

Robert J. Bliss
SIGNATURE OF SERVICEMEMBER

DD Form 93, PAS and Instructions, MAY 89

Figure 11–1. Sample of a completed DD Form 93 (Record of Emergency Data)

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE

IMPORTANT – *This form is for use by ACTIVE DUTY and RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.*

USE THIS FORM FOR: ▶ **1. ELECTING, REDUCING OR REFUSING INSURANCE** *(Do not make erasures, corrections or changes, complete a new form.)* **2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID**

LAST NAME · FIRST NAME · MIDDLE NAME	RANK, TITLE OR GRADE	SOCIAL SECURITY NO
HARRIS, John Franklin	PFC	102-30-5055

BRANCH OF SERVICE *(Do not abbreviate)*	CURRENT DUTY LOCATION
United States Army	Co B, 7th P&A Bn, Fort Ord, CA 73501-5000

REASON FOR COMPLETING THIS FORM. (Check as appropriate)
☐ Initial application/designation ☒ Change/update of beneficiary, or change of duty station ☐ Change in amount of insurance (increase in amount of insurance requires form SGLV 8285 - Request For Insurance)

1. AMOUNT OF INSURANCE

By law, you are automatically insured for $100,000. An additional $100,000 of coverage is available for you to select and would provide you with a maximum coverage of $200,000. Should you wish to be covered for the full $200,000 of insurance, please initial the appropriate line below. If you want to elect an alternate amount of insurance, please clearly fill in the amount desired on the "Amount of Insurance" line and initial it. The following amounts are available: $190,000, $180,000, $170,000, $160,000, $150,000, $140,000, $130,000, $120,000, $110,000, $100,000, $90,000, $80,000, $70,000, $60,000, $50,000, $40,000, $30,000, $20,000, $10,000. If you do not want any insurance, write in your own handwriting, "I want no insurance". **Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.**

JFH *(Initial)* I elect $200,000 maximum coverage. _____ *(Initial)* I elect $_____ *(Amount of Insurance)*

2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES)

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

COMPLETE NAME AND ADDRESS OF BENEFICIARY *(If beneficiary is a married women, give her own first and middle names, for example. USE Mary Lisa Smith DO NOT USE Mrs. John Smith.)*	SOCIAL SECURITY NUMBER *If unknown, see 1.C on back*	RELATIONSHIP TO INSURED	SHARES TO BE PAID TO EACH BENEFICIARY *See 1.B on back*	PAYMENT OPTIONS TO BENEFICIARY *36 payments or lump sum See 1.E on back*
PRINCIPAL *(First)*				
1. Alice Bee Harris 22 Gardinia Loop City, State, Zip Code	232-22-3456	Spouse	All	Lump Sum
2.				
CONTINGENT *(Second - if principal beneficiary(ies) dies before me or before completion of installment payments to the principal beneficiary(ies).)*				
1.				
2.				
3.				
4.				

NOTE: Proceeds will be payable to beneficiaries as stated in 3.A on reverse side of this form, unless otherwise stated.

I HAVE READ AND UNDERSTAND the instructions on the front and reverse of this form. I UNDERSTAND that this form cancels any prior beneficiary or payment instructions. I UNDERSTAND that if I have legal questions about this form I may consult with a military attorney at no expense to me.

I UNDERSTAND that I cannot have combined SGLI and VGLI coverages at the same time for more than $200,000.

SIGN HERE IN INK ▶ John F. Harris *Signature of member. Do not print.* DATE COMPLETED 7 Apr 94

WITNESSED AND RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
Steven Hollis	SGT	7th PSB	7 Apr 94

SGLV - 8286, March 1994 Existing stock of SGLV 8286, Nov 1992, will be used **MEMBER'S OFFICIAL PERSONNEL FILE 1**

Figure 11–2. Sample of a completed SGLV–8286

CONTINUATION OF SGLV-8286
SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE

DATE COMPLETED

Page 2 of 2 Pages

Continuation of SGLV-8286, item 2 - Beneficiary(ies) and Payment to Beneficiary(ies)

I designate the following beneficiaries to receive payment of my insurance proceeds as shown below:

PRINCIPAL
Karen A. Davis, 321-54-7878, Sister, 1/4, Lump Sum
512 Victory Lane, City, State, Zip Code

Anna M. Davis, 321-54-7799, Sister, 1/4, Lump Sum
5122 Victory Lane, City, State, Zip Code

CONTINGENT
John A. Davis, 432-23-1122, Brother, All, Lump Sum
2122 Sheridan Road, City, State, Zip Code

ROBERT O. HENDERSON
MSG, U.S. Army
919-91-0001

Signature of witness and received by:

SIGNATURE BLOCK
Xxxxxxxxxxxxxxx
Xxxxxxxxxxxxxxx

NOTE: You may continue to identify additional PRINCIPAL and CONTINGENT beneficiaries in a similar manner.

Figure 11–2. Sample of a completed SGLV–8286—Continued

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE

IMPORTANT – *This form is for use by ACTIVE DUTY and RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.*

USE THIS FORM FOR: ▶ **1. ELECTING, REDUCING OR REFUSING INSURANCE** *(Do not make erasures, corrections or changes; complete a new form.)* **2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID**

LAST NAME · FIRST NAME · MIDDLE NAME	RANK, TITLE OR GRADE	SOCIAL SECURITY NO
BROWN, June Elizabeth	SGT	123-45-6798

BRANCH OF SERVICE *(Do not abbreviate)*	CURRENT DUTY LOCATION
United States Army	Co A, 4th Bn 31st Inf, Ft Meyer, VA 22331

REASON FOR COMPLETING THIS FORM (Check as appropriate)
☐ Initial application/designation ☐ Change/update of beneficiary, or change of duty station ☒ Change in amount of insurance (increase in amount of insurance requires form SGLV 8285 - Request For Insurance)

1. AMOUNT OF INSURANCE

By law, you are automatically insured for $100,000. An additional $100,000 of coverage is available for you to select and would provide you with a maximum coverage of $200,000. Should you wish to be covered for the full $200,000 of insurance, please initial the appropriate line below. If you want to elect an alternate amount of insurance, please clearly fill in the amount desired on the "Amount of Insurance" line and initial it. The following amounts are available: $190,000, $180,000, $170,000, $160,000, $150,000, $140,000, $130,000, $120,000, $110,000, $100,000, $90,000, $80,000, $70,000, $60,000, $50,000, $40,000, $30,000, $20,000, $10,000. If you do not want any insurance, write in your own handwriting, "I want no insurance". **Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.**

_____ *(Initial)* I elect $200,000 maximum coverage. JEB *(Initial)* I elect $ 100,000 *(Amount of Insurance)*

2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES)

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

COMPLETE NAME AND ADDRESS OF BENEFICIARY *(If beneficiary is a married women, give her own first and middle names, for example, USE Mary Lisa Smith DO NOT USE Mrs. John Smith.)*	**SOCIAL SECURITY NUMBER** *If unknown, see 1.C on back*	**RELATIONSHIP TO INSURED**	**SHARES TO BE PAID TO EACH BENEFICIARY** *See 1.B on back*	**PAYMENT OPTIONS TO BENEFICIARY** *36 payments or lump sum See 1.E on back*
PRINCIPAL *(First)*				
1. John A. Brown 111 E. Maddison Street Dallas, TX 75000	123334456	Husband	All	Lump Sum
2.				
CONTINGENT *(Second - if principal beneficiary(ies) dies before me or before completion of installment payments to the principal beneficiary(ies).)*				
1. Susan E. Brown 111 E. Maddison Street Dallas, TX 75000	234556789	Daughter	All	Lump Sum
2.				
3.				
4.				

NOTE: Proceeds will be payable to beneficiaries as stated in 3.A on reverse side of this form, unless otherwise stated.

I HAVE READ AND UNDERSTAND the instructions on the front and reverse of this form. I UNDERSTAND that this form cancels any prior beneficiary or payment instructions. I UNDERSTAND that if I have legal questions about this form I may consult with a military attorney at no expense to me.

I UNDERSTAND that I cannot have combined SGLI and VGLI coverages at the same time for more than $200,000.

SIGN HERE IN INK ▶ Jun E. Brown *Signature of member. Do not print.* DATE COMPLETED 7 Apr 94

WITNESSED AND RECEIVED BY	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
Carla Lewis	SFC	525th PSB	7 Apr 94

SGLV - 8286, March 1994 Existing stock of SGLV 8286, Nov 1992, will be used **MEMBER'S OFFICIAL PERSONNEL FILE 1**

Figure 11–3. Sample of a completed SGLV–8286 (Sample of Reduced Coverage)

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE

IMPORTANT *– This form is for use by ACTIVE DUTY and RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.*

USE THIS FORM FOR: ▶ **1. ELECTING, REDUCING OR REFUSING INSURANCE** *(Do not make erasures, corrections or changes; complete a new form.)* **2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID**

LAST NAME - FIRST NAME - MIDDLE NAME	RANK, TITLE OR GRADE	SOCIAL SECURITY NO.
LEWIS, Carl Dalton	MSG	123-45-6789

BRANCH OF SERVICE *(Do not abbreviate)*	CURRENT DUTY LOCATION
United States Army	Btry A, 2d Bn, 56th ADA Fort Bliss, TX 79916

REASON FOR COMPLETING THIS FORM: (Check as appropriate)
☐ Initial application/designation ☐ Change/update of beneficiary, or change of duty station ☒ Change in amount of insurance (increase in amount of insurance requires form SGLV 8285 - Request For Insurance)

1. AMOUNT OF INSURANCE

By law, you are automatically insured for $100,000. An additional $100,000 of coverage is available for you to select and would provide you with a maximum coverage of $200,000. Should you wish to be covered for the full $200,000 of insurance, please initial the appropriate line below. If you want to elect an alternate amount of insurance, please clearly fill in the amount desired on the "Amount of Insurance" line and initial it. The following amounts are available: $190,000, $180,000, $170,000, $160,000, $150,000, $140,000, $130,000, $120,000, $110,000, $100,000, $90,000, $80,000, $70,000, $60,000, $50,000, $40,000, $30,000, $20,000, $10,000. If you do not want any insurance, write in your own handwriting, "I want no insurance". **Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.**

_____ I elect $200,000 maximum coverage. *(Initial)*

CDK I elect $ "I want no insurance". *(Initial)* *(Amount of Insurance)*

2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES)

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

COMPLETE NAME AND ADDRESS OF BENEFICIARY *(If beneficiary is a married women, give her own first and middle names, for example, USE Mary Lisa Smith DO NOT USE Mrs. John Smith.)*	**SOCIAL SECURITY NUMBER** *If unknown, see 1.C on back*	**RELATIONSHIP TO INSURED**	**SHARES TO BE PAID TO EACH BENEFICIARY** *See 1.B on back*	**PAYMENT OPTIONS TO BENEFICIARY** *36 payments or lump sum See 1.E on back*
PRINCIPAL *(First)*				
1.				
2.				
CONTINGENT *(Second - if principal beneficiary(ies) dies before me or before completion of installment payments to the principal beneficiary(ies).)*				
1.				
2.				
3.				
4.				

NOTE: Proceeds will be payable to beneficiaries as stated in 3.A on reverse side of this form, unless otherwise stated.

I HAVE READ AND UNDERSTAND the instructions on the front and reverse of this form. I UNDERSTAND that this form cancels any prior beneficiary or payment instructions. I UNDERSTAND that if I have legal questions about this form I may consult with a military attorney at no expense to me.

I UNDERSTAND that I cannot have combined SGLI and VGLI coverages at the same time for more than $200,000.

SIGN HERE IN INK ▶ Carl D. Lewis *Signature of member. Do not print.* DATE COMPLETED 7 Apr 94

WITNESSED AND RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
Michael D. Smith	SFC	526th PSB	7 Apr 94

SGLV - 8286. March 1994 Existing stock of SGLV 8286, Nov 1992, will be used **MEMBER'S OFFICIAL PERSONNEL FILE 1**

Figure 11–4. Sample of a completed SGLV–8286 (Sample of Refused Coverage)

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE

IMPORTANT – *This form is for use by ACTIVE DUTY and RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.*

USE THIS FORM FOR: ▶ **1. ELECTING, REDUCING OR REFUSING INSURANCE** *(Do not make erasures, corrections or changes; complete a new form.)* **2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID**

LAST NAME, FIRST NAME, MIDDLE NAME	RANK, TITLE OR GRADE	SOCIAL SECURITY NO
ROBINSON, Michael Allen	SFC	221-45-3344

BRANCH OF SERVICE *(Do not abbreviate)*	CURRENT DUTY LOCATION
United States Army	Co B, 101st Avn Bn Fort Campbell, KY 22300-5000

REASON FOR COMPLETING THIS FORM (Check as appropriate)
☐ Initial application/designation ☒ Change/update of beneficiary or change of duty station ☐ Change in amount of insurance (increase in amount of insurance requires form SGLV 8285, Request For Insurance)

1. AMOUNT OF INSURANCE

By law, you are automatically insured for $100,000. An additional $100,000 of coverage is available for you to select and would provide you with a maximum coverage of $200,000. Should you wish to be covered for the full $200,000 of insurance, please initial the appropriate line below. If you want to elect an alternate amount of insurance, please clearly fill in the amount desired on the "Amount of Insurance" line and initial it. The following amounts are available: $190,000, $180,000, $170,000, $160,000, $150,000, $140,000, $130,000, $120,000, $110,000, $100,000, $90,000, $80,000, $70,000, $60,000, $50,000, $40,000, $30,000, $20,000, $10,000. If you do not want any insurance, write in your own handwriting, "I want no insurance". **Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.**

MAR (Initial) I elect $200,000 maximum coverage. _____ (Initial) I elect $_____ (Amount of Insurance)

2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES)

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

COMPLETE NAME AND ADDRESS OF BENEFICIARY *(If beneficiary is a married women, give her own first and middle names, for example: USE Mary Lisa Smith DO NOT USE Mrs. John Smith.)*	SOCIAL SECURITY NUMBER *If unknown, see 1.C on back*	RELATIONSHIP TO INSURED	SHARES TO BE PAID TO EACH BENEFICIARY *See 1.B on back*	PAYMENT OPTIONS TO BENEFICIARY *36 payments or lump sum See 1.E on back*
PRINCIPAL *(First)*				
1 Harold L. Robinson 211 S. Columbus Street City, State, Zip Code	405556545	Brother	1/2	Lump Sum
2 Susan A. Robinson 3569 Old Guardsman Lane City, State, Zip Code	102345445	Sister	1/2	Lump Sum
CONTINGENT *(Second - if principal beneficiary(ies) dies before me or before completion of installment payments to the principal beneficiary(ies).)*				
1.				
2.				
3.				
4.				

NOTE: Proceeds will be payable to beneficiaries as stated in 3.A on reverse side of this form, unless otherwise stated.

I HAVE READ AND UNDERSTAND the instructions on the front and reverse of this form. I UNDERSTAND that this form cancels any prior beneficiary or payment instructions. I UNDERSTAND that if I have legal questions about this form I may consult with a military attorney at no expense to me.

I UNDERSTAND that I cannot have combined SGLI and VGLI coverages at the same time for more than $200,000.

SIGN HERE IN INK ▶ Michael A. Robinson *Signature of member. Do not print.* DATE COMPLETED 7 Apr 94

WITNESSED AND RECEIVED BY	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
Wally C. Taylor	CW3	101st PSB	7 Apr 94

SGLV - 8286, March 1994 Existing stock of SGLV 8286, Nov 1992, will be used **MEMBER'S OFFICIAL PERSONNEL FILE 1**

Figure 11–5. Sample of a completed SGLV–8286 (Sample of Two Beneficiaries)

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE

IMPORTANT - *This form is for use by ACTIVE DUTY and RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.*

USE THIS FORM FOR: ▶ 1. ELECTING, REDUCING OR REFUSING INSURANCE *(Do not make erasures, corrections or changes, complete a new form.)* 2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID

LAST NAME · FIRST NAME · MIDDLE NAME	RANK, TITLE OR GRADE	SOCIAL SECURITY NO
MAJORS, Cliff Albert	Major	111-12-3456

BRANCH OF SERVICE *(Do not abbreviate)*	CURRENT DUTY LOCATION
United States Army	Co C, 82d Avn Bn, Fort Bragg, NC 28307-5000

REASON FOR COMPLETING THIS FORM (Check as appropriate)
☐ Initial application/designation ☒ Change/update of beneficiary, or change of duty station. ☐ Change in amount of insurance (increase in amount of insurance requires form SGLV 8285 - Request For Insurance)

1. AMOUNT OF INSURANCE

By law, you are automatically insured for $100,000. An additional $100,000 of coverage is available for you to select and would provide you with a maximum coverage of $200,000. Should you wish to be covered for the full $200,000 of insurance, please initial the appropriate line below. If you want to elect an alternate amount of insurance, please clearly fill in the amount desired on the "Amount of Insurance" line and initial it. The following amounts are available: $190,000, $180,000, $170,000, $160,000, $150,000, $140,000, $130,000, $120,000, $110,000, $100,000, $90,000, $80,000, $70,000, $60,000, $50,000, $40,000, $30,000, $20,000, $10,000. If you do not want any insurance, write in your own handwriting, "I want no insurance". **Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.**

CAM *(Initial)* I elect $200,000 maximum coverage. _____ *(Initial)* I elect $_____ *(Amount of Insurance)*

2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES)

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

COMPLETE NAME AND ADDRESS OF BENEFICIARY *(If beneficiary is a married women, give her own first and middle names, for example, USE Mary Lisa Smith DO NOT USE Mrs. John Smith.)*	SOCIAL SECURITY NUMBER *If unknown, see 1.C on back*	RELATIONSHIP TO INSURED	SHARES TO BE PAID TO EACH BENEFICIARY *See 1.B on back*	PAYMENT OPTIONS TO BENEFICIARY *36 payments or lump sum See 1.E on back*
PRINCIPAL *(First)*				
1 Mary Lea Majors 21 Washington Landing City, State, Zip Code	112345566	Spouse	All	Lump Sum
2				
CONTINGENT *(Second - if principal beneficiary(ies) dies before me or before completion of installment payments to the principal beneficiary(ies).)*				
1. Albert B. Majors, 2345 Jackson Street Raleigh, NC 28200 (First contingent to predeceased me)	211349899 to receive	Father proceeds	All if principal	Lump Sum
2. Mary I. Majors, 2345 Jackson Street Raleigh, NC 28200 (Second contingent first contingent predeceases me)	237342155 to receive	Mother proceeds	All if principal	Lump Sum and
3. Allen B. Majors, 123 Ruth Street Johnson, NC 28712 (Thirt contingent to first and second contingent predeceased me)	234679876 to receive	Brother proceeds	All if principal	Lump Sum and
4. Carla A. Majors, 456 South Carriage Salem, NC 28431 (Fourth contingent to second, and third contingent predeceased me)	233842626 receive	Sister proceeds	All if principal,	Lump Sum first,

NOTE: Proceeds will be payable to beneficiaries as stated in 3.A on reverse side of this form, unless otherwise stated.

I HAVE READ AND UNDERSTAND the instructions on the front and reverse of this form. I UNDERSTAND that this form cancels any prior beneficiary or payment instructions. I UNDERSTAND that if I have legal questions about this form I may consult with a military attorney at no expense to me.

I UNDERSTAND that I cannot have combined SGLI and VGLI coverages at the same time for more than $200,000.

SIGN HERE IN INK ▶ Cliff A. Majors *Signature of member. Do not print.* DATE COMPLETED 7 Apr 94

WITNESSED AND RECEIVED BY	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
Roger Morris	SSG	82d PSB	7 Apr 94

SGLV - 8286, March 1994 Existing stock of SGLV 8286 Nov 1992 will be used **MEMBER'S OFFICIAL PERSONNEL FILE 1**

Figure 11–6. Sample of a completed SGLV–8286 (Sample of Multiple Beneficiaries)

CONTINUATION OF SGLV-8286
SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE

DATE COMPLETED

Page 2 of 2 Pages

Continuation of SGLV-8286, item 2 - Beneficiary(ies) and Payment to Beneficiary(ies)

I designate the following beneficiaries to receive payment of my insurance proceeds as shown below:

CONTINGENT
Mary B. Majors, 123-45-5678, Sister, All, Lump Sum, 2220 Spring Dale Street, City, State, Zip Code - (Fifth Contingent to receive proceeds if principal, first, second, third and fourth contingent predeceased me)

CLIFF A. MAJORS
Major, U.S. Army
111-12-4455

Signature of witness and received by:

SIGNATURE BLOCK
Xxxxxxxxxxxxxxx
Xxxxxxxxxxxxxxx

NOTE: You may continue to identify additional PRINCIPAL and CONTINGENT beneficiaries in a similar manner.

Figure 11–6. Sample of a completed SGLV–8286 (Sample of Multiple Beneficiaries)—Continued

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE

IMPORTANT – *This form is for use by ACTIVE DUTY and RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.*

USE THIS FORM FOR: ▶ **1. ELECTING, REDUCING OR REFUSING INSURANCE** *(Do not make erasures, corrections or changes: complete a new form.)* **2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID**

LAST NAME - FIRST NAME - MIDDLE NAME	RANK, TITLE OR GRADE	SOCIAL SECURITY NO
PETERS, John Robert	SGT	321-54-9885

BRANCH OF SERVICE *(Do not abbreviate)*	CURRENT DUTY LOCATION
United States Army	Btry A, 2d Bn, 62d ADA, Fort Bliss, Texas 79916-5000

REASON FOR COMPLETING THIS FORM (Check as appropriate)
☐ Initial application/designation ☒ Change/update of beneficiary, or change of duty station ☐ Change in amount of insurance (increase in amount of insurance requires form SGLV 8285 - Request For Insurance)

1. AMOUNT OF INSURANCE

By law, you are automatically insured for $100,000. An additional $100,000 of coverage is available for you to select and would provide you with a maximum coverage of $200,000. Should you wish to be covered for the full $200,000 of insurance, please initial the appropriate line below. If you want to elect an alternate amount of insurance, please clearly fill in the amount desired on the "Amount of Insurance" line and initial it. The following amounts are available: $190,000, $180,000, $170,000, $160,000, $150,000, $140,000, $130,000, $120,000, $110,000, $100,000, $90,000, $80,000, $70,000, $60,000, $50,000, $40,000, $30,000, $20,000, $10,000. If you do not want any insurance, write in your own handwriting, "I want no insurance". **Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.**

JRP (Initial) I elect $200,000 maximum coverage. _____ (Initial) I elect $_____ (Amount of Insurance)

2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES)

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

COMPLETE NAME AND ADDRESS OF BENEFICIARY *(If beneficiary is a married women, give her own first and middle names, for example, USE Mary Lisa Smith DO NOT USE Mrs. John Smith.)*	SOCIAL SECURITY NUMBER *If unknown, see 1.C on back*	RELATIONSHIP TO INSURED	SHARES TO BE PAID TO EACH BENEFICIARY *See 1.B on back*	PAYMENT OPTIONS TO BENEFICIARY *36 payments or lump sum See 1.E on back*
PRINCIPAL *(First)*				
1 Mary J. Collins 21 Guard House Drive City, State, Zip Code	400506000	Friend	All	Lump Sum
2				
CONTINGENT *(Second - if principal beneficiary(ies) dies before me or before completion of installment payments to the principal beneficiary(ies).)*				
1. Annie Mae Peters 7 Knights Street City, State, Zip Code	123456789	Mother	All	Lump Sum
2.				
3.				
4.				

NOTE: Proceeds will be payable to beneficiaries as stated in 3.A on reverse side of this form, unless otherwise stated.

I HAVE READ AND UNDERSTAND the instructions on the front and reverse of this form. I UNDERSTAND that this form cancels any prior beneficiary or payment instructions. I UNDERSTAND that if I have legal questions about this form I may consult with a military attorney at no expense to me.
"On 7 Apr 94, this soldier was counseled reguarding this unusual beneficiary designation".
I UNDERSTAND that I cannot have combined SGLI and VGLI coverages at the same time for more than $200,000.

SIGN HERE IN INK ▶ John R. Peters *Signature of member. Do not print.* DATE COMPLETED 7 Apr 94

WITNESSED AND RECEIVED BY	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
Pete Robinson	SFC	525th AG PSB Ft Bliss, TX	7 Apr 94

SGLV - 8286, March 1994 Existing stock of SGLV 8286, Nov 1992, will be used **MEMBER'S OFFICIAL PERSONNEL FILE 1**

Figure 11–7. Sample of a completed SGLV–8286 of (Sample of Unusual Beneficiary Designation)

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE

IMPORTANT - This form is for use by ACTIVE DUTY and RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.

USE THIS FORM FOR: ▶ 1. ELECTING, REDUCING OR REFUSING INSURANCE (Do not make erasures, corrections or changes; complete a new form) 2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID

LAST NAME FIRST NAME MIDDLE NAME	RANK, TITLE OR GRADE	SOCIAL SECURITY NO
JONES, Richard Allen	SGT	123456789

BRANCH OF SERVICE (Do not abbreviate)	CURRENT DUTY LOCATION
United States Army	Battery A, 2d BN, 56th ADA, Fort Bliss, TX 79916-5000

REASON FOR COMPLETING THIS FORM (Check as appropriate)
☐ Initial application/designation ☒ Change/update of beneficiary, or change of duty station ☐ Change in amount of insurance (increase in amount of insurance requires form SGLV 8285 - Request For Insurance)

1. AMOUNT OF INSURANCE

By law, you are automatically insured for $100,000. An additional $100,000 of coverage is available for you to select and would provide you with a maximum coverage of $200,000. Should you wish to be covered for the full $200,000 of insurance, please initial the appropriate line below. If you want to elect an alternate amount of insurance, please clearly fill in the amount desired on the "Amount of Insurance" line and initial it. The following amounts are available: $190,000, $180,000, $170,000, $160,000, $150,000, $140,000, $130,000, $120,000, $110,000, $100,000, $90,000, $80,000, $70,000, $60,000, $50,000, $40,000, $30,000, $20,000, $10,000. If you do not want any insurance, write in your own handwriting, "I want no insurance". **Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.**

R.A.J (Initial) I elect $200,000 maximum coverage. _____ (Initial) I elect $_____ (Amount of Insurance)

2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES)

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

COMPLETE NAME AND ADDRESS OF BENEFICIARY (If beneficiary is a married women, give her own first and middle names, for example, USE Mary Lisa Smith DO NOT USE Mrs. John Smith.)	SOCIAL SECURITY NUMBER If unknown, see 1.C on back	RELATIONSHIP TO INSURED	SHARES TO BE PAID TO EACH BENEFICIARY See 1.B on back	PAYMENT OPTIONS TO BENEFICIARY 36 payments or lump sum See 1.E on back
PRINCIPAL (First)				
1. Mary L. Jones 123 Old Guard Lane City, State, Zip Code	234567890	Spouse	All	Lump Sum
2.				
CONTINGENT (Second - if principal beneficiary(ies) dies before me or before completion of installment payments to the principal beneficiary(ies).)				
1. My Child(ren)			All	Lump Sum
2.				
3.				
4				

NOTE: Proceeds will be payable to beneficiaries as stated in 3.A on reverse side of this form, unless otherwise stated.

I HAVE READ AND UNDERSTAND the instructions on the front and reverse of this form. I UNDERSTAND that this form cancels any prior beneficiary or payment instructions. I UNDERSTAND that if I have legal questions about this form I may consult with a military attorney at no expense to me.

I UNDERSTAND that I cannot have combined SGLI and VGLI coverages at the same time for more than $200,000.

SIGN HERE IN INK ▶ Richard A. Jones
Signature of member. Do not print.

DATE COMPLETED 7 Apr 94

WITNESSED AND RECEIVED BY	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
Frontz Aubry	SFC	62d PSB	7 Apr 94

SGLV - 8286, March 1994 Existing stock of SGLV 8286, Nov 1992, will be used **MEMBER'S OFFICIAL PERSONNEL FILE 1**

Figure 11–8. Sample of a completed SGLV–8286 (Sample designation of child(ren) by relationship when soldier has one child)

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE

IMPORTANT – *This form is for use by ACTIVE DUTY and RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.*

USE THIS FORM FOR: ▶ **1. ELECTING, REDUCING OR REFUSING INSURANCE** *(Do not make erasures, corrections or changes, complete a new form.)* **2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID**

LAST NAME FIRST NAME MIDDLE NAME	RANK, TITLE OR GRADE	SOCIAL SECURITY NO
Jones, David Allan	SSG	123456789

BRANCH OF SERVICE *(Do not abbreviate)*	CURRENT DUTY LOCATION
United States Army	Btry C, 2d Bn 62d ADA, Fort Bliss, TX 79916-5000

REASON FOR COMPLETING THIS FORM (Check as appropriate)
☐ Initial application/designation ☒ Change/update of beneficiary, or change of duty station ☐ Change in amount of insurance (increase in amount of insurance requires form SGLV 8285 - Request For Insurance)

1. AMOUNT OF INSURANCE

By law, you are automatically insured for $100,000. An additional $100,000 of coverage is available for you to select and would provide you with a maximum coverage of $200,000. Should you wish to be covered for the full $200,000 of insurance, please initial the appropriate line below. If you want to elect an alternate amount of insurance, please clearly fill in the amount desired on the "Amount of Insurance" line and initial it. The following amounts are available: $190,000, $180,000, $170,000, $160,000, $150,000, $140,000, $130,000, $120,000, $110,000, $100,000, $90,000, $80,000, $70,000, $60,000, $50,000, $40,000, $30,000, $20,000, $10,000. If you do not want any insurance, write in your own handwriting, "I want no insurance". **Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.**

DAJ *(Initial)* I elect $200,000 maximum coverage. _____ *(Initial)* I elect $_____ *(Amount of Insurance)*

2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES)

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

COMPLETE NAME AND ADDRESS OF BENEFICIARY *(If beneficiary is a married women, give her own first and middle names, for example, USE Mary Lisa Smith DO NOT USE Mrs. John Smith.)*	SOCIAL SECURITY NUMBER *If unknown, see 1.C on back*	RELATIONSHIP TO INSURED	SHARES TO BE PAID TO EACH BENEFICIARY *See 1.B on back*	PAYMENT OPTIONS TO BENEFICIARY *36 payments or lump sum See 1.E on back*
PRINCIPAL *(First)*				
1. Mary Ann Jones 123 Old Guard Lane City, State, Zip Code	234567891	Spouse	All	Lump Sum
2.				
CONTINGENT *(Second - if principal beneficiary(ies) dies before me or before completion of installment payments to the principal beneficiary(ies).)*				
1. My Children			All	Lump Sum
2.				
3.				
4.				

NOTE: Proceeds will be payable to beneficiaries as stated in 3.A on reverse side of this form, unless otherwise stated.

I HAVE READ AND UNDERSTAND the instructions on the front and reverse of this form. I UNDERSTAND that this form cancels any prior beneficiary or payment instructions. I UNDERSTAND that if I have legal questions about this form I may consult with a military attorney at no expense to me.

I UNDERSTAND that I cannot have combined SGLI and VGLI coverages at the same time for more than $200,000.

SIGN HERE IN INK ▶ David A. Jones *Signature of member. Do not print.* DATE COMPLETED 7 Apr 94

WITNESSED AND RECEIVED BY	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
Jerome Sheppard	MSG	PSB, 62d ADA	7 Apr 94

SGLV - 8286, March 1994 Existing stock of SGLV 8286, Nov 1992, will be used **MEMBER'S OFFICIAL PERSONNEL FILE 1**

Figure 11–9. Sample of a completed SGLV–8286 (Sample designation of child(ren) by relationship when soldier has more than one child)

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE

IMPORTANT - *This form is for use by ACTIVE DUTY and RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.*

USE THIS FORM FOR: ▶ **1. ELECTING, REDUCING OR REFUSING INSURANCE** *(Do not make erasures, corrections or changes; complete a new form.)* **2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID**

LAST NAME - FIRST NAME - MIDDLE NAME	RANK, TITLE OR GRADE	SOCIAL SECURITY NO
SMITH, John Allen	SFC	123-45-6789

BRANCH OF SERVICE *(Do not abbreviate)*	CURRENT DUTY LOCATION
United States Army	Co A, 1st Bn, 31st Inf Fort Sill, OK 73503-5000

REASON FOR COMPLETING THIS FORM (Check as appropriate)
☐ Initial application/designation ☒ Change/update of beneficiary, or change of duty station ☐ Change in amount of insurance (increase in amount of insurance requires form SGLV 8285 - Request For Insurance)

1. AMOUNT OF INSURANCE

By law, you are automatically insured for $100,000. An additional $100,000 of coverage is available for you to select and would provide you with a maximum coverage of $200,000. Should you wish to be covered for the full $200,000 of insurance, please initial the appropriate line below. If you want to elect an alternate amount of insurance, please clearly fill in the amount desired on the "Amount of Insurance" line and initial it. The following amounts are available: $190,000, $180,000, $170,000, $160,000, $150,000, $140,000, $130,000, $120,000, $110,000, $100,000, $90,000, $80,000, $70,000, $60,000, $50,000, $40,000, $30,000, $20,000, $10,000. If you do not want any insurance, write in your own handwriting, "I want no insurance". **Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.**

TAS *(Initial)* I elect $200,000 maximum coverage. _____ *(Initial)* I elect $_____ *(Amount of Insurance)*

2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES)

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

COMPLETE NAME AND ADDRESS OF BENEFICIARY *(If beneficiary is a married women, give her own first and middle names, for example, USE Mary Lisa Smith DO NOT USE Mrs. John Smith.)*	SOCIAL SECURITY NUMBER *If unknown, see 1.C on back*	RELATIONSHIP TO INSURED	SHARES TO BE PAID TO EACH BENEFICIARY *See 1.B on back*	PAYMENT OPTIONS TO BENEFICIARY *36 payments or lump sum See 1.E on back*
PRINCIPAL *(First)*				
1. Mary A. Smith 123 Francis Scott Street City, State, Zip Code	234595900	Spouse	All	Lump Sum
2.				
CONTINGENT *(Second - if principal beneficiary(ies) dies before me or before completion of installment payments to the principal beneficiary(ies).)*				
1. MY CHILDREN FROM MY MARRIAGE TO JANE LOIS SMITH.			All	Lump Sum
2.				
3.				
4.				

NOTE: Proceeds will be payable to beneficiaries as stated in 3.A on reverse side of this form, unless otherwise stated.

I HAVE READ AND UNDERSTAND the instructions on the front and reverse of this form. I UNDERSTAND that this form cancels any prior beneficiary or payment instructions. I UNDERSTAND that if I have legal questions about this form I may consult with a military attorney at no expense to me.

I UNDERSTAND that I cannot have combined SGLI and VGLI coverages at the same time for more than $200,000.

SIGN HERE IN INK ▶ John A. Smith *Signature of member. Do not print.* DATE COMPLETED 7 Apr 94

WITNESSED AND RECEIVED BY	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
Jerome Shepard	SFC	546 AG Co	7 Apr 94

SGLV - 8286, March 1994 Existing stock of SGLV 8286, Nov 1992, will be used **MEMBER'S OFFICIAL PERSONNEL FILE 1**

Figure 11–10. Sample of a completed SGLV–8286 (Sample designation of children of a specific marriage by relationships and no other children)

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE

IMPORTANT – *This form is for use by ACTIVE DUTY and RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.*

USE THIS FORM FOR: ▶ **1. ELECTING, REDUCING OR REFUSING INSURANCE** *(Do not make erasures, corrections or changes, complete a new form.)* **2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID**

LAST NAME · FIRST NAME · MIDDLE NAME	RANK, TITLE OR GRADE	SOCIAL SECURITY NO
HENDERSON, Robert Wayne	MSG	200-30-4000

BRANCH OF SERVICE *(Do not abbreviate)*	CURRENT DUTY LOCATION
United States Army	Btry A, 2d Bn 56th ADA APO AE 09102

REASON FOR COMPLETING THIS FORM (Check as appropriate)
☐ Initial application/designation ☒ Change/update of beneficiary, or change of duty station ☐ Change in amount of insurance (increase in amount of insurance requires form SGLV 8285 - Request For Insurance)

1. AMOUNT OF INSURANCE

By law, you are automatically insured for $100,000. An additional $100,000 of coverage is available for you to select and would provide you with a maximum coverage of $200,000. Should you wish to be covered for the full $200,000 of insurance, please initial the appropriate line below. If you want to elect an alternate amount of insurance, please clearly fill in the amount desired on the "Amount of Insurance" line and initial it. The following amounts are available: $190,000, $180,000, $170,000, $160,000, $150,000, $140,000, $130,000, $120,000, $110,000, $100,000, $90,000, $80,000, $70,000, $60,000, $50,000, $40,000, $30,000, $20,000, $10,000. If you do not want any insurance, write in your own handwriting, "I want no insurance". **Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.**

RCH (Initial) I elect $200,000 maximum coverage. _____ (Initial) I elect $_____ (Amount of Insurance)

2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES)

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

	COMPLETE NAME AND ADDRESS OF BENEFICIARY *(If beneficiary is a married women, give her own first and middle names, for example: USE Mary Lisa Smith DO NOT USE Mrs. John Smith.)*	SOCIAL SECURITY NUMBER *If unknown, see 1.C on back*	RELATIONSHIP TO INSURED	SHARES TO BE PAID TO EACH BENEFICIARY *See 1.B on back*	PAYMENT OPTIONS TO BENEFICIARY *36 payments or lump sum See 1.E on back*
PRINCIPAL *(First)*					
1	Jane L. Henderson 321 Sergeant Street City, State, Zip Code	234-45-5678	Spouse	All	Lump Sum
2.					
CONTINGENT *(Second - if principal beneficiary(ies) dies before me or before completion of installment payments to the principal beneficiary(ies).)*					
1.	MY CHILDREN FROM MY MARRIAGE TO JANE L. HENDERSON AND TO ROBIN R. JONES			All	Lump Sum
2.					
3.					
4.					

NOTE: Proceeds will be payable to beneficiaries as stated in 3.A on reverse side of this form, unless otherwise stated.

I HAVE READ AND UNDERSTAND the instructions on the front and reverse of this form. I UNDERSTAND that this form cancels any prior beneficiary or payment instructions. I UNDERSTAND that if I have legal questions about this form I may consult with a military attorney at no expense to me.

I UNDERSTAND that I cannot have combined SGLI and VGLI coverages at the same time for more than $200,000.

SIGN HERE IN INK ▶ Robert C. Henderson *Signature of member. Do not print.* DATE COMPLETED 7 Apr 94

WITNESSED AND RECEIVED BY	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
Anna M. Murphy	MSG	25th PSB	7 Apr 94

SGLV - 8286, March 1994 Existing stock of SGLV 8286, Nov 1992, will be used **MEMBER'S OFFICIAL PERSONNEL FILE 1**

Figure 11–11. Sample of a completed SGLV–8286 (Sample designation of children from two specific marriages by relationship and no other children)

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE

IMPORTANT – This form is for use by ACTIVE DUTY and RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.

USE THIS FORM FOR: ▶ 1. ELECTING, REDUCING OR REFUSING INSURANCE (Do not make erasures, corrections or changes; complete a new form.) 2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID

LAST NAME FIRST NAME MIDDLE NAME	RANK, TITLE OR GRADE	SOCIAL SECURITY NO
SMITH, William Allen	LTC	123-45-5678

BRANCH OF SERVICE (Do not abbreviate)	CURRENT DUTY LOCATION
United States Army	2d Infantry Dividion APO AP 96502

REASON FOR COMPLETING THIS FORM. (Check as appropriate)
☐ Initial application/designation ☒ Change/update of beneficiary, or change of duty station ☐ Change in amount of insurance (increase in amount of insurance requires form SGLV 8285 - Request For Insurance)

1. AMOUNT OF INSURANCE

By law, you are automatically insured for $100,000. An additional $100,000 of coverage is available for you to select and would provide you with a maximum coverage of $200,000. Should you wish to be covered for the full $200,000 of insurance, please initial the appropriate line below. If you want to elect an alternate amount of insurance, please clearly fill in the amount desired on the "Amount of Insurance" line and initial it. The following amounts are available: $190,000, $180,000, $170,000, $160,000, $150,000, $140,000, $130,000, $120,000, $110,000, $100,000, $90,000, $80,000, $70,000, $60,000, $50,000, $40,000, $30,000, $20,000, $10,000. If you do not want any insurance, write in your own handwriting, "I want no insurance". **Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.**

WAS (Initial) I elect $200,000 maximum coverage. _____ (Initial) I elect $_____ (Amount of Insurance)

2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES)

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

COMPLETE NAME AND ADDRESS OF BENEFICIARY (If beneficiary is a married women, give her own first and middle names, for example, USE Mary Lisa Smith DO NOT USE Mrs. John Smith.)	SOCIAL SECURITY NUMBER If unknown, see 1.C on back	RELATIONSHIP TO INSURED	SHARES TO BE PAID TO EACH BENEFICIARY See 1.B on back	PAYMENT OPTIONS TO BENEFICIARY 36 payments or lump sum See 1.E on back
PRINCIPAL (First)				
1. Anna Marie Smith 777 Forester Lane City, State, Zip Code	457-77-123	Spouse	All	Lump Sum
2.				
CONTINGENT (Second - if principal beneficiary(ies) dies before me or before completion of installment payments to the principal beneficiary(ies).)				
1. John A. Jones, as custodian for my children, pursuant to the UGMA/UTMA			All	Lump Sum
2.				
3.				
4.				

NOTE: Proceeds will be payable to beneficiaries as stated in 3.A on reverse side of this form, unless otherwise stated.

I HAVE READ AND UNDERSTAND the instructions on the front and reverse of this form. I UNDERSTAND that this form cancels any prior beneficiary or payment instructions. I UNDERSTAND that if I have legal questions about this form I may consult with a military attorney at no expense to me.

I UNDERSTAND that I cannot have combined SGLI and VGLI coverages at the same time for more than $200,000.

SIGN HERE IN INK ▶ William Allen Smith
Signature of member. Do not print.

DATE COMPLETED 7 Apr 94

WITNESSED AND RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
Fred Elliott	SFC	2d Inf Div PSB	7 Apr 94

SGLV - 8286, March 1994 Existing stock of SGLV 8286, Nov 1992, will be used **MEMBER'S OFFICIAL PERSONNEL FILE 1**

Figure 11–12. Sample of a completed SGLV–8286 (Sample designation of a named custodian pursuant to the UGMA/UTMA for all soldier's children)

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE

IMPORTANT – This form is for use by ACTIVE DUTY and RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.

USE THIS FORM FOR: ▶ 1. ELECTING, REDUCING OR REFUSING INSURANCE (Do not make erasures, corrections or changes; complete a new form.) 2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID

LAST NAME · FIRST NAME · MIDDLE NAME	RANK, TITLE OR GRADE	SOCIAL SECURITY NO
JONES, John Toby	CPT	233-33-6677

BRANCH OF SERVICE (Do not abbreviate)	CURRENT DUTY LOCATION
United States Army	Co C, 2d Bn 17th Inf Fort Lewis, WA 98433-5000

REASON FOR COMPLETING THIS FORM (Check as appropriate)
☐ Initial application/designation ☒ Change/update of beneficiary, or change of duty station ☐ Change in amount of insurance (increase in amount of insurance requires form SGLV 8285 - Request For Insurance)

1. AMOUNT OF INSURANCE

By law, you are automatically insured for $100,000. An additional $100,000 of coverage is available for you to select and would provide you with a maximum coverage of $200,000. Should you wish to be covered for the full $200,000 of insurance, please initial the appropriate line below. If you want to elect an alternate amount of insurance, please clearly fill in the amount desired on the "Amount of Insurance" line and initial it. The following amounts are available: $190,000, $180,000, $170,000, $160,000, $150,000, $140,000, $130,000, $120,000, $110,000, $100,000, $90,000, $80,000, $70,000, $60,000, $50,000, $40,000, $30,000, $20,000, $10,000. If you do not want any insurance, write in your own handwriting, "I want no insurance". **Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.**

JTJ (Initial) I elect $200,000 maximum coverage. _____ (Initial) I elect $_____ (Amount of Insurance)

2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES)

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

COMPLETE NAME AND ADDRESS OF BENEFICIARY (If beneficiary is a married women, give her own first and middle names, for example, USE Mary Lisa Smith DO NOT USE Mrs. John Smith.)	SOCIAL SECURITY NUMBER If unknown, see 1.C on back	RELATIONSHIP TO INSURED	SHARES TO BE PAID TO EACH BENEFICIARY See 1.B on back	PAYMENT OPTIONS TO BENEFICIARY 36 payments or lump sum See 1.E on back
PRINCIPAL (First)				
1. Marie E. Jones 77770ld Guard Road City, State, Zip Code	234566789	Spouse	All	Lump Sum
2.				
CONTINGENT (Second - if principal beneficiary(ies) dies before me or before completion of installment payments to the principal beneficiary(ies).)				
1. MY TRUSTEE TO FUND A TRUST ESTABLISHED FOR THE BENEFIT OF MY CHILDREN UNDER MY WILL.			ALL	Lump Sum
2.				
3.				
4.				

NOTE: Proceeds will be payable to beneficiaries as stated in 3.A on reverse side of this form, unless otherwise stated.

I HAVE READ AND UNDERSTAND the instructions on the front and reverse of this form. I UNDERSTAND that this form cancels any prior beneficiary or payment instructions. I UNDERSTAND that if I have legal questions about this form I may consult with a military attorney at no expense to me.

I UNDERSTAND that I cannot have combined SGLI and VGLI coverages at the same time for more than $200,000.

SIGN HERE IN INK ▶ John T. Jones (Signature of member. Do not print.) DATE COMPLETED 7 Apr 94

WITNESSED AND RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
Annette Alexander-Bernal	MSG	9th PSB	7 Apr 94

SGLV - 8286, March 1994 Existing stock of SGLV 8286, Nov 1992, will be used **MEMBER'S OFFICIAL PERSONNEL FILE 1**

Figure 11–13. Sample of a completed SGLV–8286 (Sample designation for "TRUSTEE" for children. Trust is created in soldier's Will)

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE

IMPORTANT *- This form is for use by ACTIVE DUTY and RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.*

USE THIS FORM FOR: ▶ **1. ELECTING, REDUCING OR REFUSING INSURANCE** *(Do not make erasures, corrections or changes, complete a new form.)* **2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID**

LAST NAME FIRST NAME MIDDLE NAME	RANK, TITLE OR GRADE	SOCIAL SECURITY NO
HENDERSON, John Robert	MSG	321-55-7755

BRANCH OF SERVICE *(Do not abbreviate)*	CURRENT DUTY LOCATION
United States Army	Battery C, 2d Bn 52d ADA Fort Bliss, TX 79916-5000

REASON FOR COMPLETING THIS FORM. (Check as appropriate)
☐ Initial application/designation ☒ Change/update of beneficiary, or change of duty station ☐ Change in amount of insurance (increase in amount of insurance requires form SGLV 8285 - Request For Insurance)

1. AMOUNT OF INSURANCE

By law, you are automatically insured for $100,000. An additional $100,000 of coverage is available for you to select and would provide you with a maximum coverage of $200,000. Should you wish to be covered for the full $200,000 of insurance, please initial the appropriate line below. If you want to elect an alternate amount of insurance, please clearly fill in the amount desired on the "Amount of Insurance" line and initial it. The following amounts are available: $190,000, $180,000, $170,000, $160,000, $150,000, $140,000, $130,000, $120,000, $110,000, $100,000, $90,000, $80,000, $70,000, $60,000, $50,000, $40,000, $30,000, $20,000, $10,000. If you do not want any insurance, write in your own handwriting, "I want no insurance". **Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.**

TRH *(Initial)* I elect $200,000 maximum coverage. _____ *(Initial)* I elect $_____ *(Amount of Insurance)*

2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES)

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

COMPLETE NAME AND ADDRESS OF BENEFICIARY *(If beneficiary is a married women, give her own first and middle names, for example, USE Mary Lisa Smith DO NOT USE Mrs. John Smith.)*	**SOCIAL SECURITY NUMBER** *If unknown, see 1.C on back*	**RELATIONSHIP TO INSURED**	**SHARES TO BE PAID TO EACH BENEFICIARY** *See 1.B on back*	**PAYMENT OPTIONS TO BENEFICIARY** *36 payments or lump sum See 1.E on back*
PRINCIPAL *(First)*				
1 Mary A. Henderson 117 Warsaw Road City, State, Zip Code	231415161	Spouse	All	Lump Sum
2				
CONTINGENT *(Second - if principal beneficiary(ies) dies before me or before completion of installment payments to the principal beneficiary(ies).)*				
1 Shirley A. Jones, my trustee, pursuant to a trust agreement dated April 4, 1993.			All	Lump Sum
2				
3.				
4.				

NOTE: Proceeds will be payable to beneficiaries as stated in 3.A on reverse side of this form, unless otherwise stated.

I HAVE READ AND UNDERSTAND the instructions on the front and reverse of this form. I UNDERSTAND that this form cancels any prior beneficiary or payment instructions. I UNDERSTAND that if I have legal questions about this form I may consult with a military attorney at no expense to me.

I UNDERSTAND that I cannot have combined SGLI and VGLI coverages at the same time for more than $200,000.

SIGN HERE IN INK ▶ John R. Henderson *Signature of member. Do not print.* DATE COMPLETED 7 Apr 94

WITNESSED AND RECEIVED BY	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
Ricky Mackey	SGT	PSB Ft Bliss, TX	7 Apr 94

SGLV - 8286, March 1994 Existing stock of SGLV 8286, Nov 1992, will be used **MEMBER'S OFFICIAL PERSONNEL FILE 1**

Figure 11–14. Sample of a completed SGLV–8286 (Sample designation for a "TRUSTEE" named in a Trust Document (Outside a Will) for the benefit of whomever the soldier has named in the Trust Document)

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE

IMPORTANT - *This form is for use by ACTIVE DUTY and RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.*

USE THIS FORM FOR: ▶ 1. ELECTING, REDUCING OR REFUSING INSURANCE *(Do not make erasures, corrections or changes; complete a new form.)* 2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID

LAST NAME - FIRST NAME - MIDDLE NAME	RANK, TITLE OR GRADE	SOCIAL SECURITY NO
WAGNER, JOHN WAYNE	MSG	007-07-0007

BRANCH OF SERVICE *(Do not abbreviate)*	CURRENT DUTY LOCATION
United States Army	Company A, 75th Ranger Regiment, Fort Benning GA

REASON FOR COMPLETING THIS FORM (Check as appropriate)
☐ Initial application/designation ☒ Change/update of beneficiary, or change of duty station ☐ Change in amount of insurance (increase in amount of insurance requires form SGLV 8285 - Request For Insurance)

1. AMOUNT OF INSURANCE

By law, you are automatically insured for $100,000. An additional $100,000 of coverage is available for you to select and would provide you with a maximum coverage of $200,000. Should you wish to be covered for the full $200,000 of insurance, please initial the appropriate line below. If you want to elect an alternate amount of insurance, please clearly fill in the amount desired on the "Amount of Insurance" line and initial it. The following amounts are available: $190,000, $180,000, $170,000, $160,000, $150,000, $140,000, $130,000, $120,000, $110,000, $100,000, $90,000, $80,000, $70,000, $60,000, $50,000, $40,000, $30,000, $20,000, $10,000. If you do not want any insurance, write in your own handwriting, "I want no insurance". **Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.**

JW *(Initial)* I elect $200,000 maximum coverage. _____ *(Initial)* I elect $_____ *(Amount of Insurance)*

2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES)

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

COMPLETE NAME AND ADDRESS OF BENEFICIARY *(If beneficiary is a married women, give her own first and middle names, for example, USE Mary Lisa Smith DO NOT USE Mrs. John Smith.)*	SOCIAL SECURITY NUMBER *If unknown, see 1.C on back*	RELATIONSHIP TO INSURED	SHARES TO BE PAID TO EACH BENEFICIARY *See 1.B on back*	PAYMENT OPTIONS TO BENEFICIARY *36 payments or lump sum See 1.E on back*
PRINCIPAL *(First)*				
1. Susan A. Wagner 115 Plantation Drive City, State, Zip Code	007070001	Spouse	All	Lump Sum
2.				
CONTINGENT *(Second - if principal beneficiary(ies) dies before me or before completion of installment payments to the principal beneficiary(ies).)*				
1. Donald E. Smith, my trustee, pursuant to my declaration of trust dated August 5, 1994.			All	Lump Sum
2.				
3.				
4.				

NOTE: Proceeds will be payable to beneficiaries as stated in 3.A on reverse side of this form, unless otherwise stated.

I HAVE READ AND UNDERSTAND the instructions on the front and reverse of this form. I UNDERSTAND that this form cancels any prior beneficiary or payment instructions. I UNDERSTAND that if I have legal questions about this form I may consult with a military attorney at no expense to me.

I UNDERSTAND that I cannot have combined SGLI and VGLI coverages at the same time for more than $200,000.

SIGN HERE IN INK ▶ John W. Wagner *Signature of member. Do not print.* DATE COMPLETED 6 Aug 94

WITNESSED AND RECEIVED BY	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
Leonard Kennedy	SFC	75th Ranger Rgt	6 Aug 94

SGLV - 8286, March 1994 Existing stock of SGLV 8286, Nov 1992, will be used **MEMBER'S OFFICIAL PERSONNEL FILE 1**

Figure 11–15. Sample of a completed SGLV–8286 (Sample designation for a "TRUSTEE" named in a Trust Document (Outside a Will) for the benefit of whomever the soldier has named in the Trust Document)

REQUEST FOR INSURANCE
(SERVICEMEN'S GROUP LIFE INSURANCE)

IMPORTANT–This form is for use by ACTIVE DUTY and RESERVE MEMBERS. Please read instructions on reverse before completing this form. **NOTE:** No insurance may be granted unless a completed application form has been received. (38 C.F.R. 9.8)

PART I – TO BE COMPLETED BY MEMBER

1. AMOUNT OF SGLI NOW IN FORCE	2. AMOUNT OF INCREASE DESIRED	3. TOTAL (BLOCK 1 + BLOCK 2)
$100,000	$100,000	$200,000

4. FIRST NAME - MIDDLE NAME - LAST NAME	5. SOCIAL SECURITY NUMBER
Karen Patricia Henderson	123-45-6789

6. BRANCH OF SERVICE *(Do not abbreviate)*	7. DATE OF BIRTH *(Mo. day, yr.)*	8. WEIGHT	9. HEIGHT	10. SEX
United States Army	Jan 22, 1966	120	69"	☐ MALE ☒ FEMALE

11. HAVE YOU EVER BEEN DIAGNOSED AS HAVING A DISEASE OR DISORDER OF THE IMMUNE SYSTEM?
☐ YES ☒ NO

12. HAVE YOU HAD OR BEEN TREATED FOR OR HAD KNOWN INDICATIONS OF:	YES (✓)	NO (✓)		YES	NO
			C. NERVOUS DISORDER?		✓
A. HEART CONDITION?		✓	D. DIABETES?		✓
B. HIGH BLOOD PRESSURE?		✓	E. CANCER OR TUMORS?		✓

13. DO YOU HAVE ANY KNOWN PHYSICAL OR MENTAL IMPAIRMENTS, DEFORMITIES, OR ILL HEALTH NOT COVERED ABOVE?
☐ YES ☒ NO

14. IF YOUR ANSWER TO ANY PART OF ITEMS 11 THROUGH 13 IS "YES," REFER TO ITEM NUMBER AND GIVE DATES, DURATION AND OTHER DETAILS. *(If more space is needed, attach a separate sheet.)*

CERTIFICATION

The answers that I have given are for securing approval of this request for insurance and I CERTIFY that they are true and correct to the best of my knowledge and belief. I understand that the insurance being requested required approval of evidence of insurability by the Office of Servicemen's Group Life Insurance (OSGLI). I further understand that should I fail to furnish satisfactory evidence of insurability, the fact that withholdings have been made from my pay for the insurance being requested shall not create any liability for insurance, and that I shall be entitled to appropriate credit for such withholdings. any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim. I consent that OSGLI may obtain copies of any medical record pertaining to me. A photostatic copy of this consent will be considered as valid as the original.

15A. SIGNATURE AND RANK, TITLE OR GRADE OF MEMBER	15B. ORGANIZATION AND MAILING ADDRESS	15C. DATE COMPLETED
Karen P. Henderson Sergeant, United States Army	Co A, 1st Bn 5th Artillery Fort Hood, TX 73500-5000	7 Apr 94

PART II – TO BE COMPLETED BY MEMBER'S COMMANDING OFFICER

I CERTIFY THAT the statements made above to the best of my knowledge are true and correct and that the member is now performing full and unrestricted military duty and is physically qualified to perform all duties of his/her rank or position and that there is no obvious impairment. I further certify that the signature above is that of the member named and according to the records of this department, this member is eligible to apply for the additional insurance requested on this form.

16A. SIGNATURE OF COMMANDING OFFICER	16C. ORGANIZATION AND MAILING ADDRESS	16D. DATE RECEIVED
John Harris	Co A, 1st Bn, 5th Artillery Fort Hood, TX 73500-5000	7 Apr 94
16B. RANK, TITLE OR GRADE CPT, FA, Commanding		

FOR USE BY THE OFFICE OF SERVICEMEN'S GROUP LIFE INSURANCE	☐ APPROVED ☐ DISAPPROVED	SIGNATURE OF OSGLI REPRESENTATIVE	DATE

SGLV 8285, MAR 1994 *Supercedes and replaces SGLV 8285, DEC 1992 Which will not be used.* **TO BE RETAINED IN MEMBER'S OFFICIAL PERSONNEL FILE**

Figure 11–16. Sample of a completed SGLV–8285 (Request for Insurance)

APPLICATION FOR SERVICEMEN'S GROUP LIFE INSURANCE

(Retired Reservists)

Return completed application, first premium, and notification of eligibility to
OFFICE OF SERVICEMEN'S GROUP LIFE INSURANCE
213 Washington Street
Newark, New Jersey 07102-2999

IMPORTANT No insurance may be granted unless a completed application form has been received (38 C.F.R. 9.3). See "Important Information and Instructions" before completing this form.

1. NAME AND ADDRESS OF APPLICANT *(Type or print)*

FIRST NAME MIDDLE NAME LAST NAME: Theadore Albert Miller

NUMBER AND STREET OR RURAL ROUTE APT. NO: 1212 Caroline Street

CITY OR P.O. STATE AND ZIP CODE: Raleigh, NC 28000-5000

FOR OSGLI USE ONLY

ACTION TAKEN	SGLI REPRESENTATIVE	DATE

FILM REFERENCE NUMBER:

2 TELEPHONE NUMBER: 919 285-1212

3 SOCIAL SECURITY NUMBER: 405-22-4455

4 DATE ACTUALLY RELEASED FROM RESERVIST OBLIGATION *(Not completion date of 20 years of creditable service) (Enter month, day and year)*: May 31, 1993

5. DATE OF BIRTH: Nov/ 6 /1951

6 SEX: [X] MALE [ ] FEMALE

7 BRANCH OF SERVICE: U.S. Army

8 AGE *(See premium schedule)*: 44

9 AMOUNT OF INSURANCE requested *(Check one)*

[ ] **$200,000**	[ ] $190,000	[ ] $180,000	[ ] $170,000	[ ] $160,000	[ ] $150,000	[ ] $140,000	[ ] $130,000	[ ] $120,000	[ ] $110,000
[X] **$100,000**	[ ] $90,000	[ ] $80,000	[ ] $70,000	[ ] $60,000	[ ] $50,000	[ ] $40,000	[ ] $30,000	[ ] $20,000	[ ] $10,000

10. PREMIUM AMOUNT ENCLOSED *(Refer to premium schedule)*: $34.00

NOTE: MAKE REMITTANCE PAYABLE TO "OSGLI". Attach notification of eligibility for assignment to the retired reserves and premium for the amount of insurance desired. (No cash or stamps, please.) The initial monthly premium will be increased at age 45, 50 and 55 to the rates then in effect.

HEALTH STATEMENT These health statements must be completed ONLY if it is more than 120 days since your transfer to Retired Reserve status *(Attach separate sheet to this application when additional information is requested.)*

11. HAVE YOU HAD OR BEEN TREATED FOR OR HAD KNOWN INDICATIONS OF *(If "Yes" explain on separate sheet)*	YES (✓)	NO (✓)
A. HEART CONDITION?		
B. HIGH BLOOD PRESSURE?		
C. NERVOUS DISORDER?		
D. DIABETES?		
A. CANCER OR TUMORS?		

12. ARE YOU NOW IN GOOD HEALTH? *(If "No", explain on separate sheet.)* [X] YES [ ] NO

13. HAVE YOU EVER BEEN DECLINED OR POSTPONED FOR ANY FORM OF LIFE OR HEALTH INSURANCE OR OFFERED A POLICY WITH A RATED UP PREMIUM BECAUSE OF HEALTH REASONS ONLY? [ ] YES [X] NO *(If "Yes", give name of company, date, and give complete details on a separate sheet.)*

14. DO YOU HAVE ANY KNOWN PHYSICAL IMPAIRMENTS, DEFORMITIES OR ILL HEALTH NOT COVERED ABOVE OR A SERVICE-CONNECTED DISABILITY? [ ] YES [X] NO *(If "Yes", give complete details on a separate sheet and furnish VA claim file number.)*

15. WEIGHT: 169

16. HEIGHT: 69"

17. HAVE YOU EVER USED BARBITURATES, HEROIN, OPIATES OR OTHER NARCOTICS EXCEPT AS PRESCRIBED BY A PHYSICIAN OR BEEN TREATED FOR ALCOHOLISM? [ ] YES [X] NO *(If "Yes", give complete details on a separate sheet.)*

18. HAVE YOU BEEN IN ANY HOSPITAL OR OTHER INSTITUTION FOR OBSERVATION, REST, DIAGNOSIS OR TREATMENT DURING THE PAST FIVE YEARS? [ ] YES [X] NO *(If "Yes", give complete details on a separate sheet.)*

19. HAVE YOU BEEN ABSENT FROM WORK BECAUSE OF SICKNESS OR INJURY DURING THE LAST SIX MONTHS? [ ] YES [X] NO *(If "Yes", give complete details on a separate sheet.)*

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS:

20A. COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY *(First, Middle, and Last Name)*	20B. SOCIAL SECURITY # *(If known, see D. under Instructions)*	20C. RELATIONSHIP TO INSURED	20D. SHARES PAID TO EACH BENEFICIARY *(Use fractions, such as: 1/2, 2/3, 3/4, or "All")*	20E. PAYMENTS TO BENEFICIARY *(Lump sum or 36 equal monthly payments)*
PRINCIPAL *(First)* BENEFICIARY				
Sandra Ann Miller 1212 Caroline St Raleigh, NC 28000	237212191	Wife	All	Lump Sum
CONTINGENT *(Second)* BENEFICIARY *(If principal beneficiary dies before me or before completion of installment payments to the principal beneficiary.)*				
Joh T. Miller	321-004455	Son	1/2	Lump Sum
Deborah A. Miller	321445566	Daughter	1/2	Lump Sum
Address - Same as insured				

NOTE: SGLI remains in effect for 120 days after separation. The beneficiary designation above becomes effective when this policy becomes effective. Initial this box if you wish the above designation to change your SGLI beneficiary immediately. [ ]

NOTE: I UNDERSTAND that this form cancels any prior beneficiary or payment instructions and that unless I have named the beneficiary(ies) above, my insurance will be paid under the "provisions of the law" as explained in paragraph E of the "Instructions".

I UNDERSTAND that I cannot have combined SGLI and VGLI coverage at the same time for more than $200,000.

21. SIGNATURE OF APPLICANT: Theadore A. Miller

22. DATE: 2/24/93

PENALTY — The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine or by imprisonment or both.

SGLV 8713
DEC 1992

DETACH AND RETURN THIS PAGE

SUPERSEDES VA FORM 29-8713, APRIL 1990, WHICH WILL NOT BE USED

Figure 11–17. Sample of a completed SGLV–8713 (Application for Servicemen Life Insurance (Retire Reservist))

APPLICATION FOR VETERANS' GROUP LIFE INSURANCE

RETURN COMPLETED APPLICATION & INITIAL PREMIUM TO:
OFFICE OF SERVICEMEN'S GROUP LIFE INSURANCE
213 WASHINGTON STREET
NEWARK, NEW JERSEY 07102-2999

IMPORTANT - No insurance may be granted unless a completed application has been received (38 U.S.C. 1977). See "Important Information and Instructions" before completing this form.

1. NAME AND ADDRESS OF APPLICANT *(Type or print)*
FIRST NAME-MIDDLE NAME-LAST NAME: Willie James Robinson

FOR OSGLI USE ONLY

ACTION TAKEN	SGLI REPRESENTATIVE	DATE

NUMBER AND STREET OR RURAL ROUTE, APT. NO.: 1001 Benjamin Avenue

2. TELEPHONE NUMBER: (915) 821-8866

CITY OR P.O., STATE AND ZIP CODE: Warsaw, TX 79988

3. SOCIAL SECURITY NUMBER: 456-45-6677

4. DATE OF SEPARATION *(Enter month, day and year)*	5. DATE OF BIRTH	6. SEX	7. BRANCH OF SERVICE	8. AGE *(Refer to premium schedule)*
Feb 1, 1993	Jan 15, 1948	☐ FEMALE ☒ MALE	U.S. Army	45

9. ENTER AMOUNT OF INSURANCE DESIRED *(Check one)*

☐ $200,000	☐ $180,000	☐ $160,000	☐ $140,000	☐ $120,000	☐ $90,000	☐ $60,000	☐ $30,000
☐ $190,000	☐ $170,000	☐ $150,000	☐ $130,000	☐ $110,000	☐ $80,000	☐ $50,000	☐ $20,000
				☒ $100,000	☐ $70,000	☐ $40,000	☐ $10,000

10. PREMIUM AMOUNT ENCLOSED $ 42.00 ☐ ANNUAL ☒ MONTHLY (Refer to premium schedule)
NOTE: MAKE REMITTANCE PAYABLE TO "OSGLI." Attach premium for the amount of insurance desired *(No cash or stamps please)*

11. AUTOMATIC MONTHLY PAYMENT OPTION ☒ *(Check here to have your monthly VGLI PREMIUM AUTOMATICALLY DEDUCTED FROM YOUR RETIREMENT PAY)* NOTE: The option is available only to those receiving military retirement pay who select the monthly payment option. The first month's premium must still be submitted with this application. Future premiums will then be deducted automatically. *(This option is NOT available if annual payments have been selected or to Public Health Service retirees.)*

HEALTH STATEMENT *(This section must be completed ONLY if it is more than 120 days since you separated)*

(ATTACH SEPARATE SHEET TO THIS APPLICATION WHEN ADDITIONAL INFORMATION IS REQUESTED)

12. HAVE YOU HAD OR BEEN TREATED FOR OR HAD KNOWN INDICATIONS OF: *(If "Yes," give complete details including dates and duration)*	YES (√)	NO (√)
A. HEART CONDITION?		✓
B. HIGH BLOOD PRESSURE?		✓
C. NERVOUS DISORDER?		✓
D. DIABETES?		✓
E. CANCER OR TUMORS?		✓

13. ARE YOU NOW IN GOOD HEALTH? ☒ YES ☐ NO *(If "No," give complete details including dates and duration)*

14. WEIGHT: 169

15. HEIGHT: 69"

16. HAVE YOU EVER BEEN DECLINED OR POSTPONED FOR ANY FORM OF LIFE OR HEALTH INSURANCE OR OFFERED A POLICY WITH A RATED-UP PREMIUM BECAUSE OF HEALTH REASONS ONLY?
☐ YES ☒ NO *(If "Yes," give name of company, date and complete details)*

17. DO YOU HAVE ANY KNOWN PHYSICAL IMPAIRMENTS, DEFORMITIES, OR ILL HEALTH NOT COVERED ABOVE OR A SERVICE-CONNECTED DISABILITY?
☐ YES ☒ NO *(If "Yes," give complete details including dates and duration) (Furnish VA claim file number if assigned)*

18. HAVE YOU EVER USED BARBITURATES HEROIN, OR OTHER NARCOTICS EXCEPT AS PRESCRIBED BY A PHYSICIAN OR BEEN TREATED FOR ALCOHOLISM? *(If "Yes," give complete details including dates and duration)*
☐ YES ☒ NO

19. HAVE YOU BEEN IN ANY HOSPITAL OR OTHER INSTITUTION FOR OBSERVATION, REST, DIAGNOSIS OR TREATMENT DURING THE PAST FIVE YEARS?
☐ YES ☒ NO *(If "Yes," give complete details including dates and duration)*

20. HAVE YOU BEEN ABSENT FROM WORK BECAUSE OF SICKNESS OR INJURY DURING THE LAST SIX MONTHS? *(If "Yes," give complete details including dates and duration)*
☐ YES ☒ NO

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS.

21A. COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY *(If married women, give her own first and middle names. For example, Mary Lisa Smith, not Mrs. John Smith)*	21B. SOCIAL SECURITY NUMBER OF BENEFICIARY *(If known, see instruction D)*	21C. RELATIONSHIP TO INSURED	21D. SHARES PAID TO EACH BENEFICIARY *(Use fractions, such as 1/2, 2/3, 3/4, or "ALL")*	21E. PAYMENTS TO BENEFICIARY *(Lump sum or 36 equal monthly payments)*
PRINCIPAL (FIRST) BENEFICIARY				
Martha A. Robinson	456443322	Wife	All	Lump Sum
Address - same as insured				
CONTINGENT (SECOND) BENEFICIARY *(If principal beneficiary dies before me or before completion of installment payments to the principal beneficiary)*				
Claudia A. Cole	456441234	Daughter	1/2	Lump Sum
Joseph A. Robinson	456403001	Son	1/2	Lump Sum
Address same as insured				

NOTE: SGLI remains in effect for 120 days after separation. The VGLI beneficiary designation above becomes effective when VGLI becomes effective. Initial this box if you wish the above designation to change your SGLI beneficiary immediately. ☐

I UNDERSTAND that this form cancels any prior VGLI beneficiary or payment instructions and that unless I have named a beneficiary(ies) above, my insurance will be paid under the "provisions of law" as explained in the Designation of Beneficiary paragraph on the instruction page.

I understand that I cannot have combined SGLI and VGLI coverage at the same time for more than $200,000.

22. SIGNATURE OF APPLICANT *(Do not print, sign in ink)* Willie J. Robinson

23. DATE: 15 Sep 93

PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine or by imprisonment or both.

Detach and return this page to "OSGLI" - DO NOT send to the Department of Veterans Affairs.

SGLV 8714, NOV 1992

SUPERSEDES SGLV-8714, SEP 1991, WHICH WILL NOT BE USED.

Figure 11–18. Sample of a completed SGLV–8714 (Application for Veterans Group Life Insurance)

Chapter 12
Casualty Operations Upon Mobilization

12–1. Casualty operations upon mobilization will be conducted in the same manner as in peace.

We train in peace as we will do in war. Commanders must remember that as units deploy, the CAC mission remains. CACs must ensure that appropriate numbers of trained individuals to perform the duties of casualty notification and casualty assistance are available. Maximum use of ARNG and USAR personnel will be required.

12–2. Casualty reporting upon mobilization

Initial casualty reports will contain the information as required in paragraph 1–13.

12–3. Casualty notification and assistance

a. Depending upon the level of conflict and the number of casualties being sustained, current notification and assistance procedures will remain in effect. Only when the number of casualties reaches an unmanageable level for support will the CDR, PERSCOM consider centralizing casualty assistance at the CAC level. Individual casualty notifications will continue.

b. Authority for centralized casualty assistance will be granted by the CDR, PERSCOM (TAPC–PEC) only upon request from a CAC and only when it is considered that the number of cases in their area of responsibility outnumber their assets available to provide this service.

Appendix A
References

Section I
Required Publications

AR 15–6
Procedures for Investigating Officers and Boards of Officers (cited in paras 2–12*d*, 8–3*b*, 8–4*b*, 8–7*a*, 8–13, and 8–21, 8–26*c*.)

AR 25–11
Record Communications and the Privacy Communications System (cited in para 2–14*b*).

AR 25–50
Preparing and Managing Correspondence (cited in para 5–1).

AR 25–400–2
The Modern Army Recordkeeping System (MARKS) (cited in para 1–16)

AR 27–3
The Army Legal Assistance Program (cited in para 11–31*a*)

AR 55–46
Travel Overseas (cited in para 6–11*a*(14)

AR 638–2
Armed Services Graves Registration Office (cited in para 4–2*c* and para 11–8)

DA Pam 638–1
Guide for Escorts of Deceased Army Personnel (cited in para 6–19*b*)

VA Pam 29–75–1
Servicemen's Group Life Insurance and Veterans Group Life Insurance Handbook (cited in para 11–25*c*(1))

Section II
Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand this publication.

AR 11–2
Management Control

AR 12–15
Joint Security Assistance Training Regulation

AR 15–185
Army Board for Correction of Military Records

AR 25–55
The Department of the Army Freedom of Information Act Program

AR 27–20
Claims

AR 27–26
Legal Services: Rules of Professional Conduct for Lawyers

AR 37–101–2
Field Organization and Operating Instructions Using the JUMPS-Army Automated Coding System (JACS)

AR 37–104–3
Military Pay and Allowance Procedures, Joint Uniform Military Pay System–Army (JUMPS-Army)

AR 37–106
Finance and Accounting for Installations Travel and Transportation Allowances

AR 40–1
Composition, Mission, and Functions of the Army Medical Department

AR 40–2
Army Medical Treatment Facilities: General Administration

AR 55–71
Transportation of Personal Property and Related Services

AR 55–355
Defense Traffic Management Regulation

AR 59–120
BlueBark Passengers

AR 135–200
Active duty for Training, Annual Training and Active Duty Special Work of Individual Soldiers

AR 145–1
Senior Reserve Officer's Training Corps Program: Organization, Administrations, and Training

AR 165–1
Chaplain Activities in the United States Army

AR 190–8
Enemy Prisoners of War - Administration, Employment and Compensation

AR 210–50
Housing Management

AR 210–190
Post Cemeteries

AR 290–5
Army National Cemeteries

AR 310–10
Military Orders

AR 310–50
Authorized Abbreviations and Brevity Codes

AR 335–15
Management Information Control System

AR 340–21
The Army Privacy Program

AR 360–5
Army Public Affairs, Public Information

AR 380–5
Department of the Army Information Security Program

AR 385–40
Accident Reporting and Records

AR 385–95
Army Aviation Accident Prevention

AR 500–70
Military Support of Civil Defense

AR 600–20
Army Command Policy

AR 600–25
Salutes, Honors, and Visits of Courtesy

AR 600–8–2
Suspension of Favorable Personnel Actions (Flags)

AR 600–8–14
Identification Cards, Tags, and Badges

AR 600–8–19
Enlisted Promotions and Reductions

AR 600–8–104
Military Personnel Information Management/Records

AR 600–290
Passports and Visas

AR 608–1
Army Community Service Program

AR 600–8–4
Line of Duty Investigations

AR 624–100
Promotion of Officers on Active Duty

AR 630–5
Leave and Passes

AR 630–10
Absence Without Leave, Desertion and Administration of Personnel involved in Civilian Court Proceedings

AR 635–5
Separation Documents

AR 635–40
Physical Evaluation for Retention, Retirement or Separation

AR 635–100
Officer Personnel

AR 635–200
Enlisted Personnel

AR 638–25
Armed Services Graves Registration Office

AR 672–5–1
Military Awards

AR 680–29
Military Personnel, Organization and Type of Transaction Codes

AR 700–84
Issue and Sale of Personal Clothing

AR 840–10
Flags, Guidons, Streamers, Tabards, and Automobile and Aircraft Plates

AR 930–4
Army Emergency Relief

AR 930–5
American National Red Cross Service Program and Army Utilization

AFR 30–25
Casualty Services

CTA 50–900
Clothing and Individual Equipment

DA Pam 25–11
Authorized Addresses for Electrically Transmitted Messages

DA Pam 55–2
Personal Property Shipping Information: It's Your Move

DA Pam 352–2
Educational Assistance and Opportunities for Army Family Members

DA Pam 360–524
Your Personal Affairs

DA Pam 600–5
Handbook for Retiring Soldiers and their Families

DA Pam 600–8
Management and Administrative Procedures

DA Pam 600–8–11
Military Personnel Office Separation Processing Procedures

DA Pam 608–4
A Guide for the Survivors of Deceased Army Members

DA Poster 608–10
Soldier — Record of Emergency Data

DODPM
DOD Military Pay and Allowances Entitlements Manual (This publication can be ordered through normal publications supply channels as Misc Pub 13–1.)

DOD 4500.34–R
Personal Property Traffic Management Regulation

DOD 4515.1–R
DOD Air Transportation Eligibility Regulation

DOD Regulation 5030.49–R
Customs Inspection

FAR
DOD Federal Acquisition Regulation (FAR) Supplement

FM 10–63
Handling of Deceased Personnel in Theaters of Operations

FM 22–5
Drill and Ceremonies

FM 10–286
Identification of Deceased Personnel

JTR
Joint Travel Regulation, Volumes I and II

MACR 76–1, Volume I
Military Airlift Command Regulation, Military Airlift Transportation

NAVMILPERMAN
Naval Military Personnel Manual 15560

NGB Pam
Unit Level Military Pay Manual

NGB Pam
State Level Military Pay Procedures - Army National Guard

NGR 600–3
Line of Duty Determinations

NGR 600–200
Enlisted Personnel Management

NGR 638–40
Care and Disposition of Remains

NGR 640–100
Officers and Warrant Officers Military Personnel Records Jacket

VA–DMA–IS–1
Interments in National Cemeteries. (This Publication is available from the VA Department of Memorial Affairs, Directors of National Cemetery Area Offices, All VA National Cemeteries, and the Nearest VA Regional Office or Facility.)

Section III
Prescribed Forms

DA Form 1155
Witness Statement on Individual

DA Form 1156
Casualty Feeder Report

DA Form 2204–R
Casualty Assistance Report

DA Form 4475–R
Data Required by the Privacy Act of 1974 - Personal Information from the NOK of a Deceased Servicemember

DA Form 5516
Casualty Assistance Referral Card

DD Form 93
Record of Emergency Data

DD Form 1300
Report of Casualty

SGLV–8285
Request for Insurance

SGLV–8286
Servicemen's Group Life Insurance Election and Certificate

SGLV–8713
Application for Servicemen's Group Life Insurance (Retired Reservist)

SGLV–8714
Application for Veterans' Group Life Insurance

Section IV
Referenced Forms

DA Form 2
Personnel Qualification Record (Part I)

DA Form 2A
Personnel Qualification Record, Part I-Enlisted Peacetime

DA Form 2B
Personnel Qualification Record, Part I- Warrant Officer Peacetime

DA Form 2–1
Personnel Qualification Record, Part II

DA Form 2–2
Insert to Personnel Qualification Record of Court-Martial Conviction

DA Form 78
Recommendation for Promotion of Officer

DA Form 200
Transmittal Record

DA Form 201
Military Personnel Records Jacket

DA Form 543–R
Request for Records

DA Form 1156
Casualty Feeder Report

DA Form 1563
Honorable Service Certificate

DA Form 1574
Report of Proceedings by Investigating Officer/Board of Officers

DA Form 2173
Statement of Medical Examination and Duty Status

DA Form 2765–1
Request for Issue or Turn-IN

DA Form 2823
Sworn Statement

DA Form 2984
Very Seriously Ill/Seriously Ill/Special Category Patient Report

DA Form 3078
Personal Clothing Request

DA Form 3168
Posthumous Certificate of Promotion

DA Form 3686–1
JUMPS Army Leave and Earnings Statement

DA Form 3881
Rights Warning Procedures/Waiver Certificate.

DA Form 4037
Officer Record Brief

DA Form 4187
Personnel Action

DA Form 5327–R
Bona Fide Dependent Declaration (Military)

DA Form 5328–R
Bona Fide Dependent Declaration (Civilian)

DA Form 5329–R
Escort Report

DA Form 7302–R
Disposition of Remains Statement

DD Form 2A (ACT)
Active Duty Military Identification Card

DD Form 214
Certificate of Release or Discharge from Active Duty

DD Form 261
Report of Investigation - Line of Duty and Misconduct Status

DD Form 397
Claim Certification and Voucher for Death Gratuity Payment

DD Form 1172
Application for Uniformed Services Identification Card DEERS Enrollment

DD Form 1173
Uniformed Services Identification and Privilege Card

DD Form 1351–2
Travel Voucher or Subvoucher

DD Form 1351–4
Voucher or Claim for Dependent Travel and Dislocation of Trailer Allowance

DD Form 1375
Request for Payment of Funeral and/or Interment Expenses

DD Form 1610
Request and Authorization for TDY Travel of DOD Personnel

DD Form 1701
Inventory of Household Goods

DD Form 1884
Application for Annuity Under the Retired Servicemen's Family Protection Plan (RSFPP) and/or Survivor Benefit Plan (SBP)

Standard Form 1174
Claim for Unpaid Compensation of Deceased Member of the Uniformed Services

Standard Form 2800
Application for Death Benefits - Civil Service Retirement System

VA Form 21–530
Application for Burial Benefits

VA Form 21–534
Application for Dependency and Indemnity Compensation, Death Pension and Accured Benefits by a Surviving Spouse or Child (Including Death Compensation if Applicable)

VA Form 21–535
Application for Dependency and Indemnity Compensation by Parent(s)

VA Form 21–4138
Statement in Support of Claim

VA Form 21–4142
Authorization for Release of Information

VA Form 21–8834
Application for Reimbursement of Headstone or Marker Expenses

VA Form 22–5490
Application for Survivors' and Dependents' Educational Assistance

VA Form 29–4125
Claim for One Sum Payment

VA Form 29–4125A
Claim for Monthly Payments (National Service Life Insurance).

VA Form 40–1330
Application for Headstone or Marker to Placement in a Private or Local Cemetery

VA Form 90–2008
Application for United States Flag for Burial Purposes

VA Form SSA–24
Application for Survivors Benefits

DFAS Form 702
Defense Finance and Accounting Service Military Leave and Earnings Statement

CSC Form FE–6
Claim for Death Benefits (Federal Employee's Group Life Insurance)

SGLV–8283
Claim for Death Benefits

Appendix B
Casualty Area Commands

The casulaty area commands of responsibility are listed in figure B–1.

Figure B–1. CONUS and OCONUS area commands.

CONUS
Fort Belvoir, VA 22060-5016 (MDW)

Virginia Counties: Culpeper, Fauquier, Greene, King George, Lancaster, Madison, Northumberland, Orange, Page, Prince William, Rappahannock, Richmond, Rockingham, Shenandoah, Spotsylvania, Stafford, Warren, and Westmoreland.

West Virginia Counties: Grant, Hardy, and Pendleton.

Fort Benning, GA 31905–5010 (TRADOC)

Georgia Counties: Baker, Ben Hill, Berrien, Bibb, Blechley, Brooks, Calhoun, Chattahoochee, Clay, Clinch, Colquitt, Cook, Crawford, Crisp, Decatur, Dodge, Dooly, Dougherty, Early, Echols, Grady, Harris, Houston, Irwin, Jones,Lamar, Lanier, Lee, Lowndes, Macon, Marion, Meriwether, Miller, Mitchell, Monroe, Muscogee, Peach, Pike, Pulaski, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Troup, Turner, Twiggs, Upson, Webster, Wilcox, and Worth.

Figure B–1. CONUS and OCONUS area commands.—Continued

Alabama Counties: Autauga, Bullock, Chambers, Chilton, Coosa, Elmore, Lee, Macon, Montgomery, Russell, and Tallapoosa.

Florida Counties: Columbia, Dixie, Franklin, Gadsden, Gilchrist, Hamilton, Jefferson, Lafayette, Leon, Liberty, Madison, Suwannee, Taylor, and Wakulla.

Fort Bliss, TX 79916-0058 (TRADOC)

State of **New Mexico.**

Texas Counties: Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Loving, Pecos, Presidio, Reeves, Terrell, Ward, and Winkler.

Fort Bragg, NC 28307-5000 (FORSCOM)

State of **North Carolina.**

Fort Campbell, KY 42223-5000 (FORSCOM)

State of **Tennessee.**

Kentucky Counties: Adair, Allen, Ballard, Barren, Bell, Butler, Caldwell, Calloway, Carlisle, Christian, Clay, Clinton, Crittenden, Cumberland, Daviess, Floyd, Fulton, Graves, Harlan, Henderson, Hickman, Hopkins, Knott, Knox, Laurel, Lesile, Letcher, Livingston,Logan, Lyon, Marshall, Martin, McCracken, McCreary, McLean, Metcalfe, Monroe, Muhlenberg, Ohio, Perry, Pike, Pulaski, Russell, Simpson, Todd, Trigg, Union, Warren, Wayne, Webster and Whitley.

Fort Carson, CO 80913-5014 (FORSCOM)

State of **Colorado.**
State of **North Dakota.**
State of **South Dakota.**
State of **Wyoming.**
State of **Utah.**

Fort Dix, NJ 08640-5162 (TRADOC)

State of **New Jersey.**

Pennsylvania City: Philadelphia.

Pennsylvania Counties: Bucks, Chester, Delaware, and Montgomery.

Fort Drum, NY 13602-5009 (FORSCOM)

State of **Vermont**
State of **Maine**
State of **New Hampshire**
State of **Connecticut**
State of **Rhode Island**
State of **Massachusetts**

New York Counties: Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chenango, Chemung, Clinton, Cortland, Erie, Essex, Franklin, Fulton, Genesee, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Tioga, Tompkins, Warren, Washington, Wayne, Wyoming, and Yates.

Fort Eustis, VA 23604-5082 (TRADOC)

Virginia Cities: Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, and Virginia Beach.

Virginia Counties: Gloucester, Isle of Wight, James City, Mathews, Middlesex, Southampton, and York.

Fort Gordon, GA 30905-5020 (TRADOC)

Georgia Counties: Baldwin, Burke, Clarke, Columbia, Elbert, Emanuel, Franklin, Glascock, Greene, Hancock, Hart, Jefferson, Jenkins, Johnson, Laurens, Lincoln, Madison, McDuffie, Morgan, Oconee, Oglethorpe, Putnam, Richmond, Screven, Stephens, Taliaferro, Warren,Washington, Wilkes, and Wilkinson.

South Carolina Counties: Abbeville, Aiken, Allendale, Anderson, Barnwell, Edgefield, Greenville, Greenwood, Hampton, Laurens, McCormick, Oconee, Pickens, Saluda, and Spartanburg.

Fort Hamilton, NY 11252-5225 (TRADOC)

New York City: City of New York

New York Counties: Columbia, Delaware, Dutchess, Greene, Nassau, Orange, Putnam, Rockland, Suffolk, Sullivan, Ulster, and Westchester.

Fort Hood, TX 76544-5056 (FORSCOM)

Texas Counties: Anderson, Andrews, Angelina, Archer, Armstrong, Bailey, Bastrop, Baylor, Bell, Blanco, Borden, Bosque, Bowie, Brazos, Briscoe, Brown, Burleson, Burnet, Callahan, Camp, Carson, Cass, Castro, Cherokee, Childress, Clay, Cochran, Coke, Coleman, Collin, Collingsworth, Comanche, Concho, Cooke, Coryell, Cottle, Crane, Crockett, Crosby, Dallam, Dallas, Dawson, Deaf Smith, Delta, Denton, Dickens, Donley, Eastland, Ector, Ellis, Erath, Falls, Fannin, Fisher, Floyd, Foard, Franklin, Freestone, Gaines,Garza, Gillespie, Glasscock, Gregg, Gray, Grayson, Grimes, Hale, Hall, Hamilton, Hansford, Hardeman, Harrison, Hartley, Haskell, Hemphill, Henderson, Hill, Hockley, Hood, Hopkins, Houston, Howard, Hunt, Hutchinson, Irion, Jack, Johnson, Jones, Kaufman,Kent, Kimble, King, Knox, Lamar, Lamb, Lampasas, Lee, Leon, Limestone, Lipscomb, Llano, Lubbock, Lynn, Madison, Marion, Martin, Mason, McCulloch, McLennan, Menard, Midland, Mills, Milam, Mitchell, Montague, Montgomery, Moore,

Morris, Motley, Nacogdoches, Navarro, Nolan, Ochiltree, Oldham, Palo Pinto, Panola, Parker, Parmer, Potter, Rains, Randall, Reagan, Red River, Rockwall, Roberts, Robertson, Runnels, Rusk, Sabine, San Augustine, San Jacinto, San Saba, Schleicher, Scurry, Shackelford, Shelby, Sherman, Smith, Somervell, Stephens, Sterling, Stonewall, Sutton, Swisher, Tarrant, Taylor, Terry, Throckmorton, Titus, Tom Green, Travis, Trinity, Upshur, Upton, Van Zandt, Walker, Washington, Wheeler, Wichita, Wilbarger, Williamson, Wise, Wood, Yoakum, and Young.

Fort Huachuca, AZ 85613-6000 (INSCOM)

State of **Arizona.**
State of **Nevada.**
California Counties: Alpine, Fresno, Imperial, Inyo, Kern, Kings, Los Angeles, Madera, Mariposa, Merced, Mono, Monterey, Orage, Riverside, San Benito, San Bernadino, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura.

Fort Jackson, SC 29207-5240 (TRADOC)

South Carolina Counties: Bamberg, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillion, Dorchester, Fairfield, Florence, Georgetown, Horry, Kershaw, Lancaster, Lee, Lexington, Marion, Marlboro, Newberry, Orangeburg, Richland, Sumter, Union, Williamsburg, and York.

Fort Knox, KY 40121-5000 (TRADOC)

State of **Ohio.**

State of **Indiana.**

Kentucky Counties: Anderson, Bath, Boone, Bourbon, Boyd, Boyle, Bracken, Breathitt, Breckenridge, Bullitt, Campbell, Carroll, Carter, Casey, Clark, Edmonson, Elliott, Estill, Fayette, Fleming, Franklin, Gallatin, Garrard, Grant, Grayson, Green, Greenup, Hancock, Hardin, Harrison, Hart, Henry, Jackson, Jefferson, Jessamine, Johnson, Kenton, Larue, Lawrence, Lee, Lewis, Lincoln, Madison, Magoffin, Marion, Mason, Meade, Menifee, Mercer, Montgomery, Morgan, Nelson, Nicholas, Oldham, Owen, Owlsey, Pendleton, Powell, Robertson, Rockcastle, Rowan, Scott, Shelby, Spencer, Taylor, Trimble, Washington, Wolfe, and Woodford.

West Virginia Counties: Barbour, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Greenbrier, Hancock, Harrison, Jackson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mingo, Monongalia, Monroe, Nicholas, Ohio, Pleasants, Pocahontas, Preston, Putman, Raleigh, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, and Wyoming.

Michigan Counties: Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, CheboyganClare, Clinton, Crawford, Eaton, Emmet, Genesse, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingram, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Lee Lanau, Lenawee, Livingston, Macomb, Manistee, Mason, Melosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Oscelola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw,Wayne, and Wexford

Fort Leavenworth, KS 66027-5080 (TRADOC)

State of **Iowa**
State of **Minnesota**

Kansas Counties: Atchison, Brown, Doniphan, Douglas, Jackson, Jefferson, Johnson, Leavenworth, Marshall, Nemaha, and Wyandotte.

Missouri Counties: Andrew, Atchison, Buchanan, Caldwell, Carroll, Chariton, Clay, Clinton, Daviess, De Kalb, Gentry, Grundy, Harrison, Holt, Jackson, Lafayette, Linn, Livingston, Mercer, Nodaway, Platte, Putnam, Ray, Saline, Sulliven, and Worth.

Fort Lee, VA 23801-5152 (TRADOC)
Virginia Cities:
Lynchburg, Richmond, and Roanoke.

Virginia Counties: Albemarle, Allegheny, Amelia, Amherst, Appomattox, Augusta, Bath, Bedford, Bland, Botetourt, Brunswick, Buchanan, Buckingham, Campbell, Carolina, Carroll, Charlotte, Charles City, Chesterfield, Craig, Cumberland, Dickenson, Dinwiddie, Essex, Floyd, Fluvanna, Franklin, Giles, Goochland, Grayson, Greensville, Halifax, Hanover, Henrico, Henry, Highland, King & Queen, King William, Lee, Louisa, Lunenburg, Mecklenburg, Montgomery, Nelson, New Kent, Nottoway, Patrick, Pittsylvania, Powhatan, Prince Edward, Prince George, Pulaski, Rockbridge, Roanoke, Russell, Scott, Smyth, Surry, Sussex, Tazewell, Washington, Wise, and Wythe.

Fort Leonard Wood, MO 65473-5000 (TRADOC)

State of **Illinois**
State of **Wisconsin**

Missouri City: St. Louis
Missouri Counties: Adair, Audrain, Barry, Bates, Barton, Benton, Bollinger, Boone, Butler, Callaway, Camden, CapGirardeau, Carter, Cass, Cedar, Christian, Clark, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Dunklin, Franklin, Gasconade, Greene, Henry, Hickory, Howard, Howell, Iron, Jasper, Jefferson, Johnson, Knox, Laclede, Lawrence, Lewis, Lincoln, Macon, Madison, Maries, Marion, McDonald, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Newton, Oregon, Osage, Ozark, Pemiscot,Perry, Pettis, Phelps, Pike, Polk, Pulaski, Ralls, Randolph, Reynolds, Ripley, Schuyler, Scotland, Scott, Shannon, Shelby, St. Charles, St. Clair, St. Francois, St. Louis, Ste. Genevieve, Stoddard, Stone, Taney, Texas, Vernon, Warren, Washington, Wayne, Webster and Wright.

Michigan Counties: Algera, Chippewa, Delta, Dickinson, Goyebic, Houghton, Iron, Keweenaw, Luce, Mackenac, Marquette, Menominec, Ontonagon, Puraga, and Schoolcraft

Fort Lewis, WA 98433-5000 (FORSCOM)

State of **Idaho.**
State of **Montana.**
State of **Oregon.**

Figure B–1. CONUS and OCONUS area commands.—Continued

State of **Washington.**

California Counties: Alameda, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humbolt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Toulumne, Yolo, and Yuba.

Fort McClellan, AL 36205-5000 (TRADOC)

Alabama Counties: Blount, Cherokee, Colbert, Calhoun, Clay, Cleburne, Cullman, De Kalb, Etowah, Fayette, Franklin, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Limestone, Madison, Marion, Marshall, Morgan, Pickens, Randolph, St. Clair, Shelby, Talladega, Tuscaloosa, Walker, and Winston.

Mississippi Counties: Alcorn, Attala, Bolivar, Calhoun, Carroll, Chickasaw, Choctaw, Clay, Coahoma, De Soto, Grenada, Holmes, Humphreys, Issaquena, Itawamba, Lafayette, Lee, Leflore, Lowndes, Marshall, Monroe, Montgomery, Noxubee, Oktibbeha, Panola, Pontotoc, Prentiss, Quitman, Sharkey, Suhflower, Tallahatchie, Tate,Tippah, Tishomingo, Tunica, Union, Washington, Webster, Winston, and Yalobusha.

Fort McPherson, GA 30330-5000 (FORSCOM)

Georgia Counties: Banks, Barrow, Bartow, Butts, Carroll, Catoosa, Chattooga, Cherokee, Clayton, Cobb, Coweta, Dade, Dawson, De Kalb, Douglas, Fannin, Fayette, Floyd, Forsyth, Fulton, Gilmer, Gordon, Gwinnett, Habersham, Hall, Haralson, Heard, Henry, Jackson, Jasper, Lumpkin, Murray, Newton, Paulding, Pickens, Polk, Rabun, Rockdale, Spalding, Towns, Union, Walker, Walton, White, and Whitfield.

Fort George G. Meade, MD 20755-5073 (FORSCOM)

State of **Delaware.**
Maryland City: Baltimore

Maryland Counties: Allegany, Anne Arundel, Baltimore, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Queen Annes, Somerset, St. Mary's, Talbot, Washington, Wicomico, and Worcester.
Commonwealth of Pennsylvania excluding the city of Philadelphia and the Pennsylvania counties of Bucks, Chester, Delaware and Montgomery.

Virginia Counties: Accomack, Clarke, Frederick, Loudoun, and Northhampton.

West Virginia Counties: Berkeley, Hampshire, Jefferson, Mineral, and Morgan.

US Army Military District of Washington, Washington, DC 22211-5050 (MDW)

District of Columbia.
Virginia Cities: Alexandria, Fairfax, and Falls Church.
Virginia Counties: Arlington and Fairfax.
Maryland Counties: Montgomery and Prince Georges.

Fort Polk, LA 71459-5000 (FORSCOM)

State of **Louisiana.**

Texas Counties: Chambers, Hardin, Jasper, Jefferson, Liberty, Newton, Orange, Polk, and Tyler.

Fort Riley, KS 66442-6621 (FORSCOM)

State of **Nebraska.**

Kansas Counties: Allen, Anderson, Barber, Barton, Bourbon, Butler, Chase, Chautauqua, Cherokee, Cheyenne, Clark, Clay, Cloud, Coffey, Commanche, Cowley, Crawford, Decatur, Dickinson, Edwards, Elk, Ellis, Ellsworth, Finney, Ford, Franklin, Geary, Gove, Graham, Grant, Gray, Greeley, Greenwood, Hamilton, Harper, Harvey, Haskell, Hodgeman, Jewell, Kearny, Kingman, Kiowa, Labette, Lane, Lincoln, Linn, Logan, Lyon, Marion, McPherson, Meade, Miami, Mitchell, Montgomery, Morris, Morton, Neosho, Ness, Norton, Osage, Osborne, Ottawa, Pattawatornie, Pawnee, Phillips, Pratt, Rawlins, Reno, Republic, Rice, Riley, Rooks, Rush, Russell, Saline, Scott, Sedgwick, Seward, Shawnee, Sheridan, Sherman, Smith, Stanton, Stafford, Stevens, Sumner, Thomas, Trego, Wabaunsee, Wallace, Washington, Wichita, Wilson, and Woodson.

Fort Rucker, AL 36362-5127 (TRADOC)

Alabama Counties: Baldwin, Barbour, Bibb, Butler, Choctaw, Clarke, Coffee, Conecuh, Covington, Crenshaw, Dale, Dallas, Escambia, Geneva, Greene, Hale, Henry, Houston, Lowndes, Marengo, Mobile, Monroe, Perry, Pike, Sumter, Washington, and Wilcox.

Florida Counties: Bay, Calhoun, Escambia, Gulf, Holmes, Jackson, Okaloosa, Santa Rosa, Walton, and Washington.

Mississippi Counties: Adams, Amite, Claiborne, Clarke, Copiah, Covington, Forrest, Franklin, George, Greene, Hancock, Harrison, Hinds, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Madison, Marion, Neshoba, Newton, Pearl River, Perry, Pike, Rankin, Scott, Simpson, Smith, Stone, Walthall, Warren, Wayne, Wilkinson, and Yazoo.

Fort Sam Houston, TX 78234-5000 (FORSCOM)

Texas Counties: Aransas, Atascosa, Austin, Bandera, Bee, Bexar, Brazonia, Brooks, Caldwell, Cameron, Calhoun, Colorado, Cornal, De Witt, Dimmit, Duval, Edwards, Fayette, Fort Bend, Frio, Galveston, Goliad, Gonzales, Guadalupe, Harris, Hays, Hidalgo, Jackson, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kerr, Kinney, Kleberg, La Salle, Lavaca, Live Oak, Matagorda, Maverick, McMullen, Medina, Nueces, Real, Refugio, San Patricio, Starr, Uvalde, Val Verde, Victoria, Waller, Webb, Wharton, Wilacy, Wilson, Zapata, and Zavala.

Fort Sill, OK 73503-5100 (TRADOC)

State of **Arkansas.**
State of **Oklahoma.**

Figure B–1. CONUS and OCONUS area commands.—Continued

Fort Stewart, GA 31314-5000 (FORSCOM)

Georgia Counties: Appling, Atkinson, Bacon, Brantley, Bryan, Bulloch, Camden, Candler, Charlton, Chatham, Coffee, Effingham, Evans, Glynn, Jeff Davis, Liberty, Long, McIntosh, Montgomery, Pierce, Tattnall, Telfair, Toombs, Treutlen, Ware, Wayne, and Wheeler.

Florida Counties: Alachua, Baker, Bradford, Brevard, Broward, Charlotte, Citrus, Clay, Collier, Dade, De Soto, Duval, Flagler, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Indian River, Lake, Lee, Levy, Manatee, Marion, Martin, Monroe, Nassau, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Union, and Volusia.

South Carolina Counties: Beaufort and Jasper.

OCONUS

Alaska: 6th Infantry Division (LT), Alaska
State of **Alaska**

Europe: 1st Personnel Command

European Countries: Albania, Andorra, Austria, Belgium, Bulgaria, Crete, Czechoslovakia, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Mediterranean Sea & Islands, Monaco, Netherlands, Northern Ireland, Norway, Poland, Portugal (including the Azores), Romania, San Marino, Scotland, Spain, Sweden, Switzerland, Turkey, United Kingdom, Wales, and Yugoslavia.

African Countries: Algeria, Angola, Botswana, Burundi, Cabinda, Cameroon, Central African Republic, Chad, Congo, Dahomey, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Ivory Coast, Lesotho, Liberia, Libya, Malawi, Mali, Moroco, Mozambique, Niger, Nigeria, Portuguese Guinea, Rwanda, Senegal Maurtiania, Sierra Leone, Western Sahara, South Africa, Swaziland, Tanzania,Togo, Tunisia, Upper Volta, Uganda, Zaire, and Zambia.

Hawaii: 25th Infantry Division (LT), U.S. Army, Hawaii State of Hawaii
(includes Guam and neighboring islands, i.e., Marianas, American Samoa, Palau, etc.)

Japan: U.S. Army Japan/IX Corps Camp Zama
(all prefectures except Okinawa)

Korea: 8th Personnel Command (PROV), Korea

Okinawa: 10TH Area Support Group, UNIT 35115, APO 96376-5115

Panama: U.S. Army South

Puerto Rico: U.S. Army Garrison, Ft. Buchanan

Appendix C
State Codes

The following is an alphabetical list of all the states and codes—

AK—Alaska
AL—Alabama
AR—Arkansas
AZ—Arizona
CA—California
CT—Connecticut
CO—Colorado
DC—District Of Columbia
DE—Delaware
FL—Florida
GA—Georgia
HI—Hawaii
IA—Iowa
ID—Idaho
IL—Illinois
IN—Indiana
KS—Kansas
KY—Kentucky
LA—Louisiana
MA—Massachusetts
MD—Maryland
ME—Maine
MI—Michigan
MN—Minnesota
MO—Missouri
MS—Mississippi
MT—Montana
NC—North Carolina
ND—North Dakota
NE—Nebraska
NH—New Hampshire
NJ—New Jersey
NM—New Mexico
OK—Oklahoma
NV—Nevada
NY—New York
OH—Ohio
OR—Oregon
PA—Pennsylvania
RI—Rhode Island
SC—South Carolina
SD—South Dakota
TN—Tennessee
TX—Texas
UT—Utah
VA—Virginia
VT—Vermont
WA—Washington
WI—Wisconsin
WV—West Virginia
WY—Wyoming

Appendix D
Country Codes

An alphabetical listing of all countries and codes are as follows—

AA—Aruba
AC—Antigua and Barbuda
AF—Afganistan
AG—Algeria
AL—Albania
AN—Andorra
AO—Angola
AQ—American Samoa
AR—Argentina
AS—Australia
AT—Ashmore/Cartier Islands
AU—Austria
AV—Anguilla
AY—Antarctica
BA—Bahrain
BB—Barbados
BC—Botswana
BD—Bermuda
BE—Belgium
BF—Bahamas
BG—Bangledesh
BL—Boliva
BM—Burma
BP—Soloman Islands
BR—Brazil
BT—Bhutan
BU—Bulgaria
BV—Bouvet Island
BX—Brunei
BY—Burundi
CA—Canada
CB—Cambodia
CD—Chad
CE—Sri Lanka
CF—Congo
CG—Zaire
CH—China
CI—Chile
CJ—Cayman Islands
CK—Cocos (Keeling) Islands
CM—Cameroon
CN—Comoros
CO—Columbia
CQ—N. Mariana Islands
CR—Coral Sea Islands
CS—Costa Rica
CT—Central African Republic
CW—Cook Islands
CY—Cyprus
CZ—Czechoslovakia
DA—Demark
DJ—Djibouti
DO—Dominica
DQ—Jarvis Island
DR—Dominican Republic
EC—Ecuador
EG—Egypt
EI—Ireland
EK—Equatorial Guinea
ES—El Salvador
ET—Ethiopia
EU—Europa Island
FA—Falkland Islands
FG—French Guiana
FI—Finland
FJ—Fiji
FO—Faroe Islands
FP—French Polynesia
FQ—Baker Island
FR—France
GA—Gambia
GE—Germany
GH—Ghana
GI—Gibralter
GJ—Grenada
GK—Guernsey
GL—Greenland
GP—Guadeloupe
GQ—Guam
GR—Greece
GT—Guatemala
GV—Guinea
GY—Guyana
HA—Haiti
HK—Hong Kong
HM—Heard/McDonald Isles
HO—Honduras
HQ—Howland Islands
HU—Hungary
IC—Iceland
ID—Indonesia
IM—Isle of Man
IN—India
IR—Iran
IS—Israel
IT—Italy
IV—Ivory Coast
IZ—Iraq
JA—Japan
JE—Jersey
JM—Jamaica
JN—Jan Mayen
JO—Jordan
JQ—Johnston Atoll
KE—Kenya
KN—Korea, North
KQ—Kingman Reef
KR—Kiribati
KS—Korea, South
KT—Christmas Island
KU—Kuwait
LA—Laos
LE—Lebanon
LI—Liberia
LQ—Palmyra Atoll
LS—Liechtenstein
LT—Lesotho
LU—Luxembourg
LY—Libya
MA—Madagascar
MB—Martinique
MC—Macau
MF—Mayote
MG—Mongolia
MH—Montserrat
MI—Malawi
ML—Mali
MN—Monaco
MO—Morocco
MQ—Midway Islands
MR—Mauritania
MT—Malta
MU—Oman
MV—Maldives
MX—Mexico
MY—Malaysia
MZ—Mozambique
NA—Netherlands Antil
NC—New Caledonia

NF—Norfikj Uskabd
NG—Niger
NL—Netherlands
NO—Norway
NP—Nepal
NS—Siromame
NU—Nicaragua
NZ—New Zealand
PA—Paraguay
PE—Peru
PK—Pakistan
PL—Poland
PM—Panama
PO—Portugal
PP—New Guinea
QA—Qatar
RE—Reunion
RO—Romania
RP—Phillipines
RQ—Puerto Rico
RW—Rwanda
SA—Saudi Arabia
SF—South Africa
SG—Semegal
SH—St. Helena
SL—Sierra Leon
SM—San Marino
SN—Singapore
SO—Somalia
SP—Spain
ST—St. Lucia
SU—Sudan
SW—Sweden
SY—Syria
SZ—Switzerland
TD—Trinidad and Tobago
TE—Tromelin Island
TH—Thailand
TN—Tongo
TO—Togo
TS—Tunisia
TU—Turkey
TW—Taiwan
TZ—Tanzania
U4—Estonia
U8—Latvia
U9—Lithuania
UG—Uganda
UK—United Kingdom
UR—USSR (Russia)
US—United States
UY—Uruguay
VE—Venezuela
VI—British Virgin Isles
VM—Vietnam
VQ—Virgin Islands
WA—Namibia
WF—Wallis and Futuna
WI—Western Sahara
WQ—Wake Island
WS—Western Samoa
WZ—Swaziland
YE—Yemen
YO—Yugoslavia
YS—Yemen
ZA—Zambia
ZI—Zimbabwe

Appendix E
Reports of investigations and autopsy reports

E–1. Reports of investigations

a. Section 1072, **Public Law 102–484,** requires that fatality reports and records pertaining to any member of the Armed Forces who dies in the line of duty be made available to family members of the Servicemember. This requirement may be waived on a case by case basis but only if the Secretary of the Army determines that compliance with this requirement is not in the interest of national security.

b. Within a reasonable period of time after family members of a service member are notified of the member's death, but not more than 30 days after the date of notification, the family members—

(1) any case in which the cause or circumstances surrounding the death are under investigation, are informed of that fact, of the names of the agencies within the Department of Defense conducting the investigations, and the existence of any reports by such agencies that have been or will be issued as a result of the investigations, and

(2) are furnished, if the family members so desire, a copy of any completed investigative report and any other completed fatality reports that are available at the time the family members receive the information described in paragraph *b*(1). If the family members desire such reports and the reports are not available at the time the family members receive the information in paragraph *b*(1), the reports will be furnished to the family members when they are completed and become available. These reports are required to be furnished only to the extent that such action is consistent with the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C. 552a).

c. In any case in which an investigative report or other fatality report cannot be released at the time the family members receive the information described in paragraph *b*(1), because of the Freedom of Information Act or the Privacy Act, family members must be informed of the requirements and procedures necessary to request a copy of such reports and are assisted, if they so request, in submitting a request for such reports. Assistance with obtaining these reports will be provided to family members until a copy of each report is obtained or until access to any such report is denied by competent authority within the Department of Defense. Should the family members desire assistance in submitting a Freedom of Information or Privacy Act request, the CAO should consult his servicing Staff Judge Advocate.

E–2. Line-of-duty (LD) investigation reports

a. When a soldier dies from natural causes, an investigation is not required; therefore, no report should be expected. If an investigation is required, it could be done by several different agencies simultaneously. This depends on the cause and the circumstances of the death. If a LD investigation is made, the NOK may request a copy of the report of investigation by sending a written request to U.S. Total Army Personnel Command, ATTN: TAPC–PED–A, Alexandria, VA 22331–0481. A sample format for requesting a copy of LD is provided at figure 6–10.

b. A LD determination is not made by DA on death cases. However, VA uses the LD report to determine the NOK's benefits from that agency.

c. A copy of the report is received at HQDA (TAPC–PED–A) about 60 to 90 days after the date of death.

E–3. Criminal investigation reports

If there is a criminal investigation and the NOK desires a copy of the report, assist the NOK by writing to the Criminal Investigation Division, U.S. Army Crime Records Center, ATTN: CICR–FP, 2301 Chesapeake Avenue, Baltimore, MD 21222–4099. Explain to the NOK that the Commanding General, U.S. Army Criminal Investigation Command is the releasing authority for the report. A sample format for requesting a copy of the criminal investigation report is provided at figure 6–9.

E–4. Safety investigation reports

a. If a soldier dies in an accident involving Army equipment or operations, two investigations will be conducted.

(1) Safety personnel will conduct an investigation for accident prevention purposes within the DOD under the provisions AR 25–55.

(a) Members of the public, to include the NOK, may request copies of this report under the provisions of the Freedom of Information Act (DA Pam 385–95). However, only limited portions of the investigation are released in response to such a request. Confidential witness statements, evidence derived from confidential statements that would reveal the identity of the witness, the investigation board's analysis, or the findings and recommendations for corrective action will not be released.

(b) All requests for this report must be in writing and should be sent to the Commander, U.S. Army Safety Center, ATTN: CSSC–ZJA, Fort Rucker, AL 36362–5363. This report is usually not available until 120 to 180 days after the accident. Reports of safety investigations may not be released, even to the NOK, by either the local safety office or the soldier's chain of command; they can only be released by the U.S. Army Safety Center. A sample format for requesting a copy of the safety report is provided at figure 6–8.

(2) A separate administrative investigation, known as the collateral investigation, is conducted on all fatal Army accidents.

(a) The collateral investigation board is appointed by the commander who exercises general court-martial convening authority over the unit or installation that was responsible for the equipment, personnel, or operations involved in the accident.

(b) This investigative report is used to determine if any administrative and or disciplinary actions will be taken. It is also used to prepare press releases and to adjudicate claims and lawsuits.

(c) Request for copies of the collateral investigation should be made under the Freedom of Information Act (5 U.S.C. 552) and should be addressed to the appointing authority.

b. If a soldier is killed in a civilian aircraft accident, the report may be requested from the Federal Aviation Agency, National Transportation Safety Board, Public Inquiries Section, Washington, DC 20594–9998.

E–5. Autopsy reports

a. Medical authorities sometimes perform a post mortem examination (commonly called an autopsy) on the remains of a soldier. The NOK will be informed of any autopsies that may have been performed by the military. If the NOK desires, (some NOK would find the autopsy report distasteful; others might complain about not getting a copy) assistance will be provided in obtaining a copy of the report by sending a written request to U.S. Army Medical Department Center and School, Patient Administration Systems and Biostatistics Activities (HSHI), 1216 Stanley Road, Fort Sam Houston, Texas 78234–6100. A sample format for requesting a copy of an autopsy report is provided at figure 6–7.

b. The autopsy report will not be sent unless requested. Normally, the autopsy report is received approximately 60 to 90 days after the date of death, except those cases from Europe. Cases from Europe can take up to 120 days because of required medical evaluations.

Appendix F
VA Burial Allowances and Death Pension

F–1. Eligibility for VA burial allowances

a. To receive VA burial allowances, the deceased veteran must have received a discharge other than dishonorable.

b. The following allowances are applicable for deaths occurring after 30 September 1981—

(1) *Burial allowance for Service connected death.* If a veteran dies as a result of a Service connected disability or disabilities, an amount, not to exceed $1,500, may be paid toward the veteran's funeral and burial expenses, including the cost of transporting the body to the place of burial. Payment of the burial allowance for a Service connected death is in lieu of payment of any benefit authorized under (2) through (4) below.

(2) *Burial allowance for non-Service connected death.* If a veteran's death is not Service connected, an amount not to exceed $300 may be paid toward the veteran's funeral and burial expenses, including the cost of transporting the remains to the place of burial. To qualify for this entitlement, the veteran must be eligible for VA pension or compensation. Eligibility may be established if an original or reopened claim for pension or compensation is pending.

(3) *Allowance when death occurs during hospitalization in a hospital or nursing home that is authorized by VA.*

(a) If a veteran dies from non-Service connected causes while hospitalized by the VA, an allowance not to exceed $300 is payable for the actual cost of the veteran's funeral and burial, and an additional amount for transportation of the body to the place of burial.

(b) If the hospitalized veteran's death is Service connected, entitlement to burial benefits falls under (1) above.

(4) *Plot or interment allowance.* When a veteran dies from non-Service connected causes, $150 may be paid as a plot or interment allowance. Entitlement is subject to the following conditions—

(a) The deceased veteran is eligible for the $300 burial allowance; or

(b) The veteran either served during a period of war or was discharged from the active military Service for a disability incurred or aggravated in line of duty (or at time of discharge had such a disability, shown by official Service records), which in medical judgment would have justified a discharge for disability; and

(c) The veteran is not buried in a national cemetery or other cemetery under the jurisdiction of the United States.

c. The VA will furnish a Government headstone or marker when requested.

F–2. How to apply for VA burial allowance

The funeral director will normally complete claim forms and send them to VA; otherwise, application should be made to any VA office within 2 years of burial or cremation. Contact nearest VA regional office for additional information.

F–3. VA death pension

a. When a retired soldier's death is not the result of a Service connected disability, the unremarried widow(er) or the minor children may receive a death pension from the VA, if they are eligible.

b. The veteran must have had 90 days wartime Service, unless discharged or retired sooner for Service connected disability, and must have been discharged under conditions other than dishonorable.

c. If the veteran died in Service not in line of duty, benefits may be paid by the VA if the veteran had completed at least 2 years of honorable active Service (VA IS–1 Fact Sheet).

d. Contact the nearest VA regional office for additional information.

Appendix G
Insurance

G–1. Servicemen's Group Life Insurance

a. Servicemen's Group Life Insurance (SGLI) is a group policy insurance issued by a commercial insurer to the Secretary of Veterans Affairs. It is managed by the Office of Servicemen's Group Life Insurance (OSGLI), 212 Washington Street, Newark, NJ 07102–2999, and is subject to the terms of the policy.

b. The maximum amount of insurance for each soldier under this plan is $200,000 (effective 1 Dec 92). Active duty soldiers are automatically insured for $100,000. Soldiers eligible for SGLI coverage may elect to increase their insurance an additional $100,000, however, they must request the additional coverage by completing a SGLV–8285 (Request for Insurance) and a new SGLV–8286 (Servicemen's Group Life Insurance Election).

c. The cost for full-time coverage under the program is borne jointly by the soldier and the U.S. Government. A premium charge is deducted each month from the soldier's pay.

d. Each eligible soldier must have on file SGLV–8286 showing SGLI beneficiary(ies). (See AR 608–2, table 1–1 for preparation and distribution of SGLV–8286.)

e. When death occurs, the responsible agency will send the current SGLV–8626 to HQDA (TAPC–PDC–ML) who, in turn, will certify and send it to OSGLI. OSGLI will forward the claim forms and instructions to the beneficiary(ies). If the beneficiary is the PNOK, the CAO will assist the beneficiary in completing the claim forms.

f. If an insured soldier of the Retired Reserve dies, a certified copy of the death certificate must be sent with SGLV–8283 (Claim for Death Benefits) directly to OSGLI.

G–2. Veterans Group Life Insurance

a. Coverage for all soldiers who participate in SGLI is automatically extended for a 120-day period after separation at no cost to the insured.

b. If a soldier dies after the 120-day period, he or she may still have an equal amount of coverage in the Veterans Group Life Insurance (VGLI) program. However, this coverage is not automatic. To be covered, the soldier must have forwarded an application for conversion and the first premium to the OSGLI.

c. Any soldier who was totally disabled at the time of separation or retirement may have been eligible for a free extension of their SGLI coverage as long as the total disability lasted up to 1 year. During the 1 year extension, any such soldier would have been eligible to apply for conversion to VGLI. All applications must have been made through the OSGLI.

d. Personnel should make inquiries regarding the SGLI extension or the VGLI coverage directly to the OSGLI.

G–3. National Service Life Insurance or United States Government Life Insurance

a. If the deceased soldier has National Service Life Insurance (NSLI) or United States Government Life Insurance (USGLI), the beneficiary or other relative of the soldier (if it is not known whether a beneficiary was named by the soldier) should contact the VA Center that maintains the account.

(1) If residence is west of the Mississippi River, contact the VA Center, Federal Building, Fort Snelling, St. Paul, MN 55111–4050.

(2) If residence is east of the Mississippi River, contact the VA Center, P.O. Box 7208, Philadelphia, PA 19101–0001. The Philadelphia center also has jurisdiction over all USGLI accounts and the following NSLI accounts—

(a) Accounts paid by allotment from Service or retired pay.

(b) Accounts paid by deduction from VA benefit payments.

(c) Employer's payroll deduction accounts.

(d) All Philippines accounts.

b. In any communication with VA about life insurance, the retired soldier's insurance file number, full name, grade, Service or social security number, date of birth, civil death certificate, and VA claim file number (in other words XC–123–45–6789 (usually the soldiers SSN) should be included. This will facilitate handling claims and answering inquiries. The local VA regional office will also provide assistance in obtaining insurance information from those centers (VA IS–1 Fact Sheet).

G–4. Miscellaneous insurance

The beneficiary should take the appropriate action with the assistance of the CAO as shown below—

a. Commercial insurance. Contact local representative or write letter to company for claim forms.

b. Credit life insurance. Notify each company having this coverage.

c. Credit union. Notify all concerned of the death.

d. Fraternal or professional organizations. Notify all of which the deceased may have been a member or that carried insurance or death benefits on their members.

G–5. Retired Serviceman's Family Protection Plan, Dependency and Indemnity Compensation and Department of Veterans Affairs death pension

a. Retired Serviceman's Family Protection Plan.

(1) Retired Serviceman's Family Protection Plan (RSFPP) permitted soldiers on retirement to provide an annuity, equal to a portion of their retired pay, for their survivors. Only soldiers who retired before 21 September 1972 could take part in this plan. The widow(er), children, or both, may have been selected as beneficiaries, at the option of the soldier.

(2) The same type annuity that was payable on the certified death of the retiree may also be paid to the applicable beneficiary when the retiree has been missing at least 30 days and is presumed dead solely for the purpose of paying the annuity. The determination of "presumed death" may be made by the Legal Office, DFAS based on evidence of circumstances surrounding the disappearance of the retiree.

(3) The annuity is taxed as income to the beneficiary, but it is not subject to reduction if the beneficiary is also eligible for VA and DIC or social security survivor benefits (VA IS–1 Fact Sheet). The RSFPP was replaced by the SBP which is described in appendix H.

b. Dependency and Indemnity Compensation. This type of compensation covers the types of deaths discussed below. Payments under this provision are subject to offset by the amount received from judicial or administrative proceedings brought on account of the veteran's death. Contact the nearest VA regional office.

(1) Death because of Service connected disability. In this instance DIC payments are authorized for the following:

(a) Widow(ers).

(b) Unmarried children under age 18 (as well as certain helpless children and those between 18 and 23 if attending a VA-approved school).

(c) Certain parents of Service personnel or veterans who die on or after 1 January 1957, from a disease or injury incurred or aggravated in line of duty while on active duty or active duty for training. An injury incurred or aggravated in line of duty while on active duty training, or a Service connected disability otherwise compensable under laws administered by the VA.

(2) Death due to a non-Service connected cause. In this instance DIC payments are authorized for the following—

(a) Widow(ers) (if married for at least 2 years immediately prior to death).

(b) Unmarried children under 18 (as well as certain helpless children and those between 18 and 23 if attending a VA-approved school) of certain veterans who were totally Service connected disabled at time of death and whose deaths were not the result of their Service connected disability. The veteran must have been continuously rated totally disabled due to a Service connected disability for 10 years or more immediately preceding death, or if death occurred within 10 years of discharge or retirement, continuously disabled from discharge until death, provided such period is at least 5 years.

c. VA death pension. When a retired soldier's death is not the result of a Service connected disability, the unremarried widow(er) or the minor children may receive a death pension from the VA if they are eligible.

(1) The veteran must have served 90 days of wartime Service, unless discharged or retired sooner for Service connected disability, and have been discharged under conditions other than dishonorable.

(2) If the veteran died in Service not in line-of-duty, benefits may be paid by the VA if the veteran had completed at least 2 years of honorable active Service (VA IS–1 Fact Sheet).

(3) Contact the nearest VA regional office for additional information.

Appendix H
Survivor Benefit Plan

H–1. Scope of the Survivor Benefit Plan

The Survivor Benefit Plan (SBP) was enacted by **Public Law 92–425,** effective 21 September 1972. It assures financial protection for the spouse of retired members of the military or active duty members who are eligible for retirement (that is, over 20 years active duty).

a. Enrollment in the plan with maximum coverage is automatic at retirement, unless the retiree chooses less coverage or declines to participate before becoming entitled to retired pay.

b. By law, spousal concurrence must be obtained if the retiree declines or chooses less than maximum coverage.

c. When retirement pay increases due to cost-of-living increases, the SBP annuity increases by the same percent.

H–2. Eligibility and requirements for Survivor Benefit Plan

a. The spouse of a retired member who elects to take part in the SBP is eligible to receive an annuity if married to—

(1) A retiree at the time of his or her retirement.

(2) The deceased retiree for at least 1 year before the member's death or on date of birth of a child born to that marriage, if earlier. (Applicable only to marriages occurring after date of retirement.)

b. A surviving spouse receives the annuity under this plan until death, or until remarriage, if such remarriage occurs before the spouse reaches age 55. If the remarriage is ended by death, annulment, or divorce, payment of the annuity will resume. If the spouse is also qualified for an annuity under this plan based on the second marriage, he or she must choose which of the annuities to receive. He or she cannot receive both. Remarriage after age 55 will not affect the payment of the annuity.

c. The CAC will notify DFAS–IN of the death of a retiree. Retired Pay Operations, DFAS will send the beneficiary a packet with claim forms. This packet should arrive within 21 to 28 days. The forms are used to apply for the unpaid portion of the retired pay, SBP, and RSFPP (if applicable). On completion of these forms, they should be returned to DFAS with any uncashed U.S. Treasury checks made payable to the member, and a copy of the death certificate. The CAO should call Retired Pay Operations (DSN 699–2900 or COMM (317) 542–2900/2290) if the packet is not received within 30 days.

d. An active duty member may die after becoming eligible for retirement, but before actually retiring. If so, the spouse will receive an annuity equal to the difference between DIC (explained in app G) payable in the surviving spouse's behalf, and 55 percent of the amount of retired pay which the member would have been entitled to if he or she were retired. The amount of retired pay is based on the decedent's years of service had he or she been placed in a statutory non-disability retired status on the day of death.

e. In case of service connected deaths, the surviving spouse is entitled to DIC payments from VA. If a surviving spouse of an SBP participant is entitled to DIC payments, the spouse's SBP payment will be reduced by the amount received under DIC. However, if the DIC payment exceeds the SBP payment, the SBP is eliminated. The survivor, in either case, will receive a partial or total refund of costs paid by the military sponsor for SBP coverage. DFAS will determine the amount of the refund.

f. The surviving spouse may also be entitled to social security benefits. (See app I.) If so, the SBP annuity may be effected at age 62, depending on the retiree's date of retirement, by that portion of social security benefits which are solely credited for the member's active duty service after 31 December 1956. Due to changes in SBP enacted by Public Law 99–145, effective 1 March 1986, the closest Retirement Service Officer (RSO) should be contacted for detailed information. If the RSO cannot provide current information, contact the HQDA Retired Service Officer, U.S. Army Community and Family Support Center, Alexandria, Virginia, on their toll free number, (800) 336–4909, for up-to-date information.

g. A determination of "presumed dead" for SBP purposes may be made when a retiree who is participating in the SBP has been missing 30 days or more. The determination will be made by the Legal Office, DFAS when the circumstances under which the retiree is missing would lead a reasonably prudent person to conclude that the member is dead. Upon this determination, the surviving eligible beneficiary will be paid an annuity based on coverage elected by the retiree. These provisions also apply to a reservist who is eligible to retire but for the fact he or she has not attained age 60 and who is participating in the Reserve Component Survivor Benefit Plan.

Appendix I
Social Security Payments

I–1. Eligibility

a. Social security payments may be made to eligible survivors of deceased soldiers if survivors meet the following requirements—

(1) Surviving children under age 18 or those 18 or over who became totally disabled before reaching the age of 22.

(2) Widow(er) of the decedent at any age if he or she has care of a natural or legally adopted child under 16 or a disabled child.

(3) Widow(er) on reaching age 60.

(4) Surviving divorced husband or wife at age 60 if he or she was married to the soldier for a least 10 years.

(5) Surviving divorced mother or father who is not married and has in care a natural or legally adopted child who is under age 16 and entitled to social security benefits on the soldier's record.

(6) Dependent parents on reaching age 62 if they were receiving at least one-half of their support from the deceased soldier (VA IS–1 Fact Sheet).

b. Student benefits payable at age 18 to age 22 are being phased out and terminated. However, benefits are payable up to age 19, if the child is a full-time student at an elementary or secondary school. Students' eligibility should be discussed with the local social security office.

I–2. How to apply

Apply at the nearest social security office. Make sure the widow(er) takes a copy of the following documents—

a. The DD Form 214 (Certificate of Release or Discharge from Active Duty).

b. Previous year's W–2 Form.

c. Marriage certificate (original or certified copy).

d. Divorce papers of previous marriages for both widow(er) and deceased member (if applicable).

e. Birth certificates of children (original or certified copies) and widow(er).

f. Civilian death certificate or DD Form 1300 (Report of Casualty).

I–3. Social Security Lump Sum Payment

a. A lump sum death payment of $255 is payable if the deceased soldier at the time of death was fully or currently insured for social security payments. The lump sum death payment is paid in the following order of priority—

(1) The widow(er) living in the same household of the deceased at the time of death.

(2) The widow(er) who was eligible for benefits based on the deceased member's record for the month of death.

(3) In equal shares to each child who was eligible for benefits based on the deceased member's record for the month of death.

b. The CAO will escort the NOK to the nearest social security office.

Appendix J
Education Benefits

J–1. Survivors' and dependents' education benefits

a. These benefits generally apply to—

(1) Survivors of deceased veterans.

(2) Spouses of living veterans.

(3) Children of either (1) or (2) above, who are between age 18 and 26, when the death or permanent and total disability was the result of Service in the Armed Forces after the start of the Spanish-American War (21 April 1898).

b. Spouses and children of soldiers are eligible if the soldier has been listed in one of the following categories for more than 90 days, and remains in one of the categories:

(1) Missing in action.

(2) Captured in line of duty.

(3) Forcibly detained or confined in line of duty by a foreign power.

c. If eligible children under age 18 have graduated from high school or are above the age of required school attendance, the VA may begin this schooling before they reach age 18.

J–2. Veterans Education Assistance Program

a. Soldiers who initially entered the Service after 1 January 1977 may deposit money through the Joint Uniform Military Pay Systems (JUMPS) allotment (coded EDSAV) under the Veterans Education Assistance Program (VEAP). The VEAP is administered by VA. The CAO should review deceased soldier's Personal Financial Record to determine if the EDSAV allotment was in effect. A remark about the status of EDSAV accounts appears on the February and August copies of the DA Form 3686–1, JUMPS Army Leave and Earnings Statement. Any monthly contributions made by the soldier to the VEAP are reimbursable to his or her family in the following order of precedence—

(1) Spouse.

(2) Children.

(3) Parents in equal share (or other persons who stood in loco parentis).

(4) To other relatives in equal shares.

b. Reimbursement of VEAP deposits may be obtained by the NOK by applying in writing to the nearest VA regional office. The request may be in letter form or on VA Form 21–4138 (Statement on Support of Claim). A copy of the DD Form 1300 (Report of Casualty) must be included.

c. The Montgomery GI Bill established a program of education benefits for individuals entering military Service after June 30, 1985. Service persons entering active duty after that date had their basic pay reduced by $100 a month for 12 months of their service, unless they specifically elected not to participate in the program. A death benefit may be payable to a designated survivor if the Service person's death is in Service and is Service connected. The Service person must have been eligible at the time of death, or would have been eligible but for the high school diploma and or length of service requirements.

J–3. AER educational assistance program

AER has an undergraduate level educational assistance program for spouses and unmarried dependent children of deceased soldiers (active or retired). The program includes loans and a limited number of scholarships. Detailed information can be obtained from National Headquarters, AER. (See para N–2.)

Appendix K
Civil Service Employment for Survivors

K–1. Employment preference

Unmarried widow(ers) are entitled to a 10-point preference for Federal Civil Service employment if the soldier served on active duty—

a. During any war or during the period 28 April 1952 through 1 July 1955.

b. In a campaign or expedition for which a campaign or service medal was authorized.

K–2. Employment information

For more information, see DA Pam 600–5, appendix H or contact the Federal Job Information Center nearest the home of the survivor.

Appendix L
Lapel Buttons

L–1. Gold Star Lapel Button for NOK of deceased personnel

a. The Gold Star Lapel Button was established by an Act of Congress to provide an appropriate identification for widows, widowers, parents, and NOK of members of the Armed Forces of the United States who lost their lives during the following periods—

(1) World War I, 6 April 1917 to 3 March 1921.

(2) World War II, 8 September 1939 to 25 July 1947.

(3) Any subsequent period of armed hostilities in which the United States was engaged before 1 July 1958 (United Nations action in Korea, 27 June 1950 to 27 July 1954).

(4) After 30 June 1958, while engaged in an action against an enemy of the United States.

(5) While engaged in military operations involving conflict with an opposing force.

(6) While serving with friendly foreign forces engaged in an armed conflict in which the United States is not a belligerent party against an opposing armed force.

(7) Any incident in which the servicemember was killed as a result of an international terriost attack.

b. The Gold Star Lapel Button consists of a gold star on a purple circular background, bordered in gold and surrounded by gold laurel leaves. On the reverse is the inscription "United States of America, Act of Congress, August 1966" with space for engraving the initials of the recipient.

c. One Gold Star Lapel Button will be furnished without cost to the widow or widower, to each of the parents, each child, stepchild, child through adoption, brother, half brother, sister, and half sister of a member of the Armed Forces who lost his or her life while in the active military service during the periods indicated in *a* above. The term "widow or widower" includes those who have since married, and the term "parents" includes mother, father, stepmother, stepfather, mother through adoption, father through adoption, and foster parents who stood in loco parentis.

d. The CAC will stock the Gold Star Lapel Button and ensure the SAO's are provided them for issue to eligible next of kin.

e. There is no best time to present the buttons to the NOK; when to present them depends on the judgment of the CAO. If the CAC has scheduled a presentation ceremony for a posthumous decoration for the NOK, and other immediate family members are to be present, experience has shown that this is a good time to give out the buttons. If a posthumous decoration has not been awarded or a ceremony is not planned, the CAO may distribute the buttons just prior to or shortly after the funeral. Do not force the buttons on NOK who may be angry or bitter; they can always apply for the lapel button at a later date.

L–2. Lapel Button for NOK of deceased personnel

a. The Lapel Button, for Next of Kin of Deceased Personnel is provided to widows(ers), parents and primary NOK of armed services members who lost their lives while serving on extended active duty or while assigned in an Army Reserve or Army National Guard unit in a drill status.

b. The button consists of a gold star within a circle (commemorating honorable service) surrounded by sprigs of oak (referring to the Army, Navy, Air Force and Marine Corps).

c. One Lapel Button will be furnished without cost to the widow or widower, to each of the parents, each child, stepchild, child through adoption, brother, half brother, sister and half sister of a member of the Armed Forces who lost his or her life while on active duty. The term widow or widower includes mother, father, stepmother, stepfather, mother through adoption, father through adoption, and foster parents who stood in place of a parent.

d. The Lapel Button, Next of Kin of Deceased Personnel is authorized for issue retroactive to 29 March 1973. The next of kin of soldiers who became deceased since that date may request issue of the button by writing to the Commander, ARPERSCEN, ATTN: DARP–PAS–EAW, 9700 Page Boulevard, St. Louis, MO 63132–5200. The name, grade, SSN, and date of death of the deceased soldier should be furnished. The names and relationships of the next of kin must also be provided.

e. The CAC will stock the Lapel Button for Next of Kin of Deceased Personnel and ensure the SAO's are provided them for issue to eligible next of kin.

f. There is no best time to present the button to the NOK; when to present the button depends on the judgment of the CAO. If the CAC

has scheduled a presentation ceremony for a posthumous decoration for the PNOK, and other immediate family members are to be present, this is a good time to give out the buttons. If a posthumous decoration has not been awarded or a ceremony is not planned, the CAO may distribute the buttons just prior to or shortly after the funeral. Do not force the buttons on NOK who may be angry or bitter. These persons can always apply for the button at a later date. These lapel buttons should be provided to the NOK free of charge by the CAO. For more information, contact your CAC's casualty section. The servicing CAC will ensure adequate quantities are on hand.

Appendix M
Awards and Decorations

M–1. Posthumous awards and decorations

a. Frequently, deceased soldiers are recommended for posthumously awarded decorations. If asked by the NOK, the CAO should contact the losing unit commander to ascertain whether a recommendation is in process or whether a decoration has been approved. As a matter of information, deceased first-term enlisted Active Component soldiers, if otherwise qualified, may be awarded the Good Conduct Medal regardless of the time spent on active duty. This is a common question and the Good Conduct Medal may be the sole medal to which a soldier may be entitled.

b. The CAO should never indicate to the NOK that a specific level of award has been recommended, but only that the soldier is being considered. If the CAO receives official notification that a decoration has been approved, the CAO should assist in arranging a presentation ceremony if desired by the NOK. If the NOK does not wish a presentation ceremony, the award elements may be given to the NOK at the most opportune time and in a setting they and the CAO agree on. Should conflict arise among NOK as to who is entitled to the deceased soldier's awards, the CAO should request guidance from the CAC or HQDA (TAPC–PDA).

M–2. Awards not received or presented and request for replacements

Periodically, a PNOK will ask about obtaining or receiving awards that were not presented to the deceased prior to death or seek to replace awarded emblems that the deceased soldier received. The NOK should address these questions to the Commander, ARPERCEN, ATTN: DARP–PSE–AW, 9700 Page Boulevard, St. Louis, Missouri 63132–5200. The NOK should be advised to wait 6 months following the death before submitting a written request. The request must contain the name, grade, and social security number of the deceased soldier. (The delay is necessary because the deceased's records are first consolidated by a central records custodian before filing at ARPERCEN.)

Appendix N
Checklist and Information for the Survivor

N–1. General

The checklist in N–3 is provided for use by the NOK of active duty deceased soldiers, CAOs, and contact representatives of Government agencies counseling and/or assisting survivors in the preparation and submission of claims for survivors' benefits.

N–2. Directions for inquiries and letters

For convenience in directing letters and inquiries in the event additional information is required, points of contact and addresses are shown below.

a. For information on the death gratuity, arrears of pay, and other financial questions or requests, contact your local finance office.

b. For information on interment allowances and personal effects, contact the installation casualty office.

c. For information on transportation of dependents and personal property, contact the nearest activity having a transportation officer.

d. For information on decoration and awards, contact the Commander, ARPERCEN, ATTN: DARP–PSE–AW, 9700 Page Boulevard, St. Louis, MO 63132–5260.

e. For information on government insurance (USGLI or NSLI), contact the Department of Veterans Affairs, P.O. Box 8079, Philadelphia, PA 19101–0001.

f. For information on Servicemen's Group Life Insurance (SGLI), contact the Office of Servicemen's Group Life Insurance, 213 Washington Street, Newark, NJ 07102–2999.

g. For information on Dependency and Indemnity Compensation (DIC), contact the nearest VA regional office.

h. For Social Security information contact the nearest social security office.

i. For information on investigations, contact the local CAC, or use one of the sample letters in figures 6–9 and 6–10.

j. For Federal Income Tax information contact, the Director, Internal Revenue Service, Bureau of Internal Revenue Service, Washington, DC 20224–0001 or the IRS office that services your area.

k. For State Income Tax information, contact the commission that services your area.

l. For information on Federal Civil Service employment, contact the Office of Personnel Management, 1900 E Street, NW, Washington, DC 20006–5017; the state employment office, or local post office.

m. For information on emergency assistance while awaiting receipt of any survivor benefits and/or financial assistance for pursuit of undergraduate level educational schooling, contact the National Headquarters, Army Emergency Relief, 200 Stovall Street, Alexandria, VA 22332–6000, telephone: (703) 325–0184/85.

N–3. Checklist for preparing *and submitting survivor's* benefits claims

a. VA Form 21–534, Application for Dependency and Indemnity Compensation from the Veterans' Affairs. (Widow(er) and children).
(1) Date received.
(2) Date submitted.
(3) Submitted to: (VA office address).
(4) Name and address of person assisting.

b. VA Form 21–535, Application for Dependency and Indemnity Compensation from the Veteran's Affairs. (Parents).
(1) Date received.
(2) Date submitted.
(3) Submitted to: (VA office address).
(4) Name and address of person assisting.

c. VA Form 29–8283, Claim for Death Benefits (SGLI and VGLI). To be completed for those eligible and/or designated as beneficiary(ies).
(1) Date received.
(2) Date submitted.
(3) Submitted to: Office of Servicemen's Group Life Insurance, 213 Washington Street, Newark, New Jersey 07102–2999.
(4) Name and address of person assisting.

d. VA Form 40–1330, Application for Headstone or Marker (PNOK or person controlling remains).
(1) Date received.
(2) Date submitted.
(3) Submitted to: Director, Monument Services (42), National Cemetery System, Department of Veterans Affairs, 810 Vermont Avenue, N.W., Washington, DC 20420–9999.
(4) Name and address of person assisting.

e. DD Form 1375, Request for Payment of Funeral and/or Interment Expenses (Reimbursement in the amount applicable by the Department of the Army).
(1) Date received.
(2) Date submitted.
(3) Submitted to: (Office of Mortuary Affairs having responsibility).
(4) Name and address of person assisting.

f. DD Form 397, Claim Certification and Voucher for Death Gratuity Payments.

(1) Date received.
(2) Date submitted.
(3) Submitted to: Local finance office
(4) Name and address of person assisting.

g. AS–IN Form 20–258R, Application for Annuity and/or Final Pay.
(1) Date received.
(2) Date submitted.
(3) Submitted to: Local finance office.
(4) Name and address of person assisting.

h. DD Form 1172, Application for Uniformed Services Identification and Privilege Card (furnished widow, eligible dependent children and dependent parents of the deceased).
(1) Date received.
(2) Date presented for issue of DD Form 1173.

i. VA Form 29–4125, Claim for one sum payment (National Service and United States Government Life Insurance) Person eligible or designated as beneficiary(ies).
(1) Date received.
(2) Date submitted.
(3) Name and address of person assisting.

j. VA Form 29–4125A, Claim for monthly payments (National Service Life Insurance) (Persons eligible or designated as beneficiary(ies)).
(1) Date received.
(2) Date submitted.
(3) Submitted to: Department of Veterans Affairs, Regional Office and Insurance Center, P.O. Box 7208, Philadelphia, PA 19101–0001, or Veterans Affairs Regional Office and Insurance Center, Bishop Henry Whipple Federal Building, Fort Snelling, St. Paul, MN 55111–4050.
(4) Name and address of person assisting.

k. Point of contact at CAC—
(1) Name and address.
(2) Telephone.

l. Other Items of Information (Remarks).

Appendix O
Uniformed Services Identification and Privilege Card (DD Form 1173)

O–1. Applying for a DD Form 1173

a. Survivors eligible for DD Form 1173 (Uniformed Services Identification and Privilege Card) should have new cards issued under their new status as soon as possible. When applying for the new DD Form 1173, the following is required—
(1) A copy of the death certificate.
(2) Marriage certificate.
(3) Retirement orders.
(4) Birth certificates of children.
(5) For a child over 21 (attending an accredited school full-time), a letter from the school verifying the status.

b. If dependents are unable to visit a military installation to get the DD Form 1173, they may mail a properly completed DD Form 1172 (Application for Uniformed Services Identification and Privilege Card) with the proper documents and a small photo to the commander of the nearest military installation.

c. DD Form 1173's are not transferable and every precaution should be taken to avoid theft or mutilation.
(1) The DD Form 1173 will be replaced on the following instances—
(2) On expiration, loss, or mutilation.
(3) To correct an error when there is a significant change in the identification data.
(4) To reflect the sponsor's social security number.

d. Application for replacement may be made to the commander of the nearest military installation, using DD Form 1172. Application should include a statement concerning the circumstances surrounding the loss, action taken to effect recovery, and the card number if available.

e. The DD Form 1173 is the property of the U.S. Government and is not transferable; it must be surrendered by a sponsor or dependent upon any change in status affecting eligibility, expiration of the card, or on request of military authorities.

O–2. Effects of remarriage

At remarriage, military benefits are ended (except that Retired Servicemen's Family Protection Plan (RSFPP)/Survivor Benefit Plan (SBP) payments continue if remarried after age 55). If that subsequent marriage ends, the following benefits can be reinstated: SBP, PX, commissary, motion picture theaters, and CHAMPVA (through VA). Medical care from uniformed services facilities or CHAMPUS will not be reinstated.

Appendix P
Preparation for Visit to VA and Social Security Offices

1–1. Preparing to visit VA and Social Security offices

a. If the NOK are remaining in an overseas area, contact the VA and social security sections and departments of the nearest embassy or consuls for assistance with survivors' benefits under their programs.

b. Prepare the widow(er) for the visit to VA and social security offices by making certain he or she has the following:
(1) VA claim number if the deceased soldier has ever filed a VA claim. This will permit VA to identify the soldier quickly and expedite processing of claims. If the widow(er) cannot locate the claim number, VA can identify the soldier by name, original service serial number or social security number, and date of birth. If no prior claim has been filed with VA, the data below will be necessary for the widow(er) to complete the required claim forms.
(a) Full name of the deceased.
(b) Original service serial number or social security number (whichever is applicable).
(c) Rank.
(d) Branch of Service.
(e) Organization.
(f) Date and place of birth.
(g) Date, place, and cause of death.
(h) Date and place of burial.
(i) Total expense of burial, funeral, transportation, and, if claimed, burial plot.
(j) Dates entered into and separated from active service.
(k) Dates all expenses paid.
(2) Data relating to marriage of soldier.
(a) Marriage certificate. This will only be necessary if the widow(er) or deceased soldier had a prior marriage. However, proof of marriage may be requested.
(b) The number of times that the soldier was married.
(c) Date and place of marriage(s).
(d) Name(s) of person(s) to whom the soldier was married.
(e) How the marriage(s) ended (death, divorce, and so forth). (Take documents relating to dissolution of marriage(s). The same data will be required relating to marriage of the widow(er)).
(f) If legally separated, a certified copy of the court order.
(3) Data concerning child(ren).
(a) Name(s) of child(ren).
(b) Date(s) of birth.
(c) Social security numbers.
(d) Name(s) of those not in custody of the widow(er) and name and the address of person(s) having custody.
(e) Child(ren)'s birth certificates.
(4) Annual income and life insurance (including life insurance policy numbers) if the soldier was retired at the time of death.
(5) The soldier's birth certificate if the soldier's parents wish to establish eligibility.

(6) Copies of DD Form 1300 or the civilian death certificate. The DD Form 1300 is the official record of death and is prepared by the CMAOC; the CG, ARPERCEN; or the State adjutant general, depending on the status of the soldier at the time of death.

c. VA benefits are paid effective the first day of the month following application for benefits. They are not retroactive; therefore, the NOK should be advised to apply for VA benefits as soon as possible. Normally the application can be submitted immediately, and additional supporting documentation, such as a death certificate, can be added at a later date.

P–2. VA offices

a. Addresses and telephone numbers change frequently. Consult the telephone directory to confirm the address and telephone number of a VA regional office.

b. Beneficiaries residing or traveling overseas that require information or assistance relative to VA benefits, should contact the nearest American Embassy or Consulate.

P–3. Social Security offices

There are more than 1,400 social security offices located throughout the 50 States and in Puerto Rico and the District of Columbia. These offices will give information on social security matters. The address and telephone number of the nearest social security office can be found in the telephone directory (may be listed under U.S. Government, Department of Health and Human Services) or from the postmaster of any U.S. Post Office. The military personnel office can also help. Much time can be saved by calling the social security office before visiting. The social security office may be able to transact business completely by phone. Before the NOK can get any social security benefits, they must apply for them. If the NOK is a surviving spouse, he or she should not delay filing a claim.

Appendix Q
Burial In National Cemeteries

Q–1. Eligibility for burial in national cemeteries

The following categories of personnel are eligible for burial in these cemeteries—

a. Any member of the U.S. Armed Forces who dies on active duty.

b. Any veteran who was discharged under conditions other than dishonorable. (Undesirable, bad conduct, or other than honorable discharges may not qualify; a special determination will be made by the Secretary of Veterans Affairs based on the facts of each case).

c. Any U.S. citizen who, during any war in which the United States has been or may be engaged and meets the criteria below—

(1) Served in the Armed Forces of any government allied with the United States during that war, whose last active service ended honorably by death or otherwise.

(2) Was a U.S. citizen at the time of entry in such service and at the time of death.

d. Any member of the Reserve Components of the Armed Forces, the Army National Guard, the Air National Guard, or the Reserve Officers' Training Corps of the Army, Navy, or Air Force, who dies under honorable conditions while serving on active duty for training or performing full-time service. Certain members of these components may also be eligible if they die while hospitalized or while being treated at U.S. expense for injury or disease contracted or incurred under honorable conditions while—

(1) Performing that duty or service.

(2) Traveling to or from that duty or service.

e. The spouse, widow, or widower of an eligible active duty member or veteran who is buried in a national cemetery or agrees to burial in a national cemetery.

f. The widow or widower of a member of the U.S. Armed Forces lost or buried at sea, or officially determined to be permanently absent in a status of missing or MIA.

g. Children of an eligible active duty member or veteran. For purpose of burial in a national cemetery, a child is a person who is unmarried and meets the following conditions—

(1) Is under the age of 21.

(2) Is over 21 but has not attained the age of 23 years and is attending a course of instruction at an approved educational institution.

(3) Is over 21 years of age and became permanently incapable of self-support because of physical or mental disability prior to attaining the age of 21 years. The burial of every adult child must be approved by the Chief, Department of Veterans Affairs, Memorial Affairs Directorate. Request for authority to make the burial should be submitted at the time of death to the director of the cemetery in which burial is desired. The request must include—

(a) A statement of the decedent's marital status.

(b) A statement of the degree of dependence.

(c) A statement of an attending physician about the nature and duration of the physical and/or mental disability.

Q–2. Arranging internment in national cemeteries

a. Arrangements should be made as soon as possible with the office of the director of the national cemetery in which burial is desired. Cemetery personnel will verify eligibility for burial and notify the funeral director or the family of the approval. The remains are not to be transported to the national cemetery until such notice is made. The name of the veteran, rank, serial/social security number, VA claim number (if applicable), date and place of birth, and date of death should be given to a cemetery official.

b. Always contact the cemetery first to ensure that grave space is available. Because telephone numbers and addresses change frequently, the CAO should consult the local telephone directory to confirm current listings for the area. Also, the CAO should obtain the latest brochure from the regional VA office. The VA administers all national cemeteries (except Arlington, which is operated by the Army).

c. The installations' casualty and memorial affairs officer can provide a listing of national cemeteries, their locations, and the telephone number of each cemetery director.

Q–3. National cemetery costs

There is no charge for a grave in a national cemetery. Cemetery employees will open and close the grave. A headstone or marker with appropriate inscription(s) for each person will be provided by the Government. No application for headstones or markers is required if interment is in a national cemetery.

Q–4. Burial in Arlington National Cemetery

a. Eligibility for burial. Because space is limited, burial at Arlington National Cemetery is restricted to a very few who have served in the Armed Forces. These include—

(1) Those who have died on active duty.

(2) Those retired. A retired member of the Armed Forces, in the context of this paragraph, is any former member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or any present or former member of a Reserve Component, who has been retired for disability or who has performed at least 20 years of active duty or active reserve service which qualifies him or her for retired pay either on departure from active service, or at age 60.

(3) Honorably discharged veterans who have held certain high Government positions. (See AR 290–5 for information on eligibility for burial in a national cemetery.)

(4) Veterans honorably discharged with 30 percent (or more) disability before 1 October 1949.

(5) Honorably discharged holders of the Medal of Honor, Distinguished Service Cross (Air Force Cross and Navy Cross), Distinguished Service Medal, Silver Star, and the Purple Heart.

(6) The spouse or unmarried minor or permanently dependent child of any of the above, or of any person already buried in Arlington. A student qualifies up to age 23.

(7) Any unmarried adult dependent that became handicapped or mentally impaired before age 21.

(8) The parents of a minor or adult dependent child already buried in Arlington.

Note. For brevity, the above categories are generally described. For more details, or evaluation of specific cases, contact the Superintendent, Arlington National Cemetery, Arlington, VA 22211–5003, telephone: DSN 225–3253/5, commercial 703–695–3250. There is in Arlington a section for memorial markers dedicated to members of the Armed Forces who remains have not been recovered. The spouse and children of such individuals are eligible for burial in Arlington. So are the spouse and children of the soldiers who are interred as part of a group burial for unidentifiable remains. However, interment cannot be in the same grave, as is the case for burial of remains that have been identified.

b. Requesting burial.

(1) The person (usually a funeral director) who arranges burial should contact the Superintendent, Arlington National Cemetery. This person will furnish the cemetery official the following information on the deceased—

(a) The veteran's name, rank, service number and social security number.

(b) VA claim number (if applicable).

(c) Dates and places of birth and death.

(d) Date and place of entry into and separation from the Service.

(e) Branch of Service.

(f) Any qualifying decorations received.

(2) The remains must not be shipped until burial arrangements have been confirmed. Also, the date, time, and place of burial should not be announced until confirmed by the Superintendent.

c. Requesting inurnment.

(1) The criteria for the columbarium (above ground structure where the urns holding cremated remains are stored) are more liberal and extend to all honorably discharged veterans. Specifically, those qualifying for internment include the following—

(a) Any member of the Armed Forces who dies on active duty.

(b) Any former member of the Armed Forces who served on active duty (other than for training) and whose last service ended honorably.

(c) Certain reservists and ROTC members who die while on active duty, while training, or on authorized travel or while hospitalized as the result of active duty, training, or authorized travel.

(d) American members of allied forces whose last service ended honorably.

(e) Certain commissioned officers of the U.S. Coast Guard and Geodetic Survey (National Oceanic and Atmospheric Administration) or of the U.S. Public Health Service.

(f) The spouse or unmarried minor or permanently dependent child of any of the above, or of any person already in the columbarium. A student qualifies up to age 23.

(2) Cemetery officials will need the same information required for ground burial.

d. Delivery. Cremated remains may be taken directly to the cemetery, or they may be shipped by U.S. Post Office or Air Express to the Superintendent, Arlington National Cemetery, Arlington, VA 22211–5003. If sent by mail, consult the Post Office for the best parcel post method of delivery.

e. Costs. There is no charge for a grave or columbarium space in Arlington National Cemetery, for opening and closing the grave, or for a Government headstone or marker. All other costs must be paid by the family. However, Government benefits help to defray expenses in some cases. These benefits include the following—

(1) Payment for transporting the remains of active duty personnel (or their dependents) from place of death to final destination.

(2) Burial allowances for veterans. (See app P for information on required documents).

(3) Social Security burial benefits. (See app I for information on required documentation.

f. Headstones and markers. The VA provides a 42-inch high marble headstone to mark the graves of those buried in Arlington. These headstones are ordered when burial is requested. The NOK will complete a VA Form 40–1330 stating what is to be inscribed on the stone, and they must apply to the VA directly for a memorial marker. Memorial markers honor members of the Armed Forces whose remains have not been recovered. For more information on the Government Headstone and Marker Program, write to the Director, Headstone Service (42A), Department of Veterans Affairs, WASH, DC 20420–9999.

g. Private monuments. Private markers or monuments of approved design may be erected in designated sections of Arlington. They must be erected and maintained at private expense. For more information, or to obtain permission to erect a private monument or marker, write to the Superintendent, Arlington National Cemetery, Arlington, VA 22211–5003.

Q–5. Burial in post (installation) cemeteries (CONUS)

a. The categories of personnel described below are eligible for burial in these cemeteries. Space in post cemeteries is limited and some post cemeteries are closed. For additional information on burial in post cemeteries, contact the casualty and mortuary affairs office at the installation where burial is desired (AR 210–190).

(1) Any member or retired member of the U.S. Armed Forces. (A retired member is one who has performed active Federal military service, is on an official Service retired list, and who receives retirement pay from his or her Service.)

(2) The wife, husband, widow(er), and minor child(ren) of any person in paragraph (1) above, if such member has been or will be buried in the same post cemetery in which burial of the dependent is desired. A non-service connected spouse who has been divorced from the member in paragraph (1) above or has remarried after the burial of the member-spouse is not eligible for burial in a post cemetery unless that marriage is terminated.

(3) The adult child(ren) of any person noted in (1) above who were, up to the time of death, dependent for support on a service connected parent, surviving parent, or others (if both parents are deceased) because of a physical or mental condition. The member in paragraph (*a*) above must be, or plan to be, buried in the post cemetery in which burial of the dependent is desired.

(4) Widows and widowers of members of the Armed Forces lost or buried at sea or officially determined to be permanently absent in a status of MIA.

(5) Veterans, if a member of their immediate family (spouse, minor child) has already been buried in the cemetery. Otherwise, veterans and/or members of their families not covered above will be informed that they can be buried in active national cemeteries administered by the VA.

b. The cemetery at West Point, NY is administered by the Superintendent of the U.S. Military Academy. Burials at this location are limited to cadets and graduates of the USMA, and military personnel who are, or were assigned to West Point.

Q–6. Burial information for retirees

a. Military retirees, their spouses, and minor children are eligible for burial in national cemeteries, including Arlington National Cemetery. There is no charge for opening or closing of graves. Other arrangements and expenses (such as obtaining the remains, casketing, and transportation to the national cemetery) are the responsibility of the survivors or the executor of the deceased's estate.

b. If, however, a soldier is retired while hospitalized, and remains hospitalized in a military hospital until time of death, the survivors are entitled to all mortuary services at Government expense, including the assistance of the military services in making funeral arrangements. The survivors may choose to make private funeral arrangements, but the standard of services provided by the military is high and it is generally advantageous to leave such arrangements to the military authorities in such circumstances. If the survivors do make private arrangements, they are entitled to reimbursement for burial expenses from the retiree's branch of service at the same cost that the Government would have incurred.

c. No gravesites are reserved in national cemeteries. Only one gravesite is available for eligible members of a family unit. The remains of additional eligible family members are interred in the same gravesite as a previously deceased member of the family. If the spouse or eligible child of a retiree dies first, the retiree must sign an agreement indicating that the retiree will eventually be buried in the same grave.

d. At the time of death of the retiree or eligible dependent, the NOK or representative making the funeral arrangements should contact the superintendent of the national cemetery in which interment is desired.

e. Internment in Arlington National Cemetery, which is under the jurisdiction of the Army, is limited to the following individuals—

(1) Persons dying on active duty in the Armed Forces.

(2) Retired military personnel, defined as retired members of the Army, Navy, Air Force, Marine Corps, or Coast Guard who are carried on an official Service retired list and who are eligible to receive compensation stemming from Service in that Armed Force.

(3) Recipients of the Medal of Honor; Distinguished Service Cross, Air Force Cross or Navy Cross; Distinguished Service Medal; Silver Star; and Purple Heart.

(4) Persons otherwise eligible by reason of honorable military service who have also held elective office in the U.S. Government or served on the Supreme Court or in the Cabinet or in an office compensated at Level I or Level II under the Executive Salary Act.

(5) Former members of the Armed Forces separated for physical disability of 30 percent or greater prior to 1 October 1949, who had served on active duty (other than for training), and who would have been eligible for retirement under the provisions of 10 USC 1201 had that statute been in effect on the date of separation.

(6) The spouses, minor children, and dependent adult children of the persons listed in (1) through (4) above and of persons already buried in Arlington.

f. To arrange for interment at Arlington National Cemetery, the individual making funeral arrangements should contact the office of the cemetery superintendent as soon as possible after the death of the retiree or eligible dependent. The following phone numbers can be used to call Monday through Saturday: (703) 695–3250, 695–3253, and 695–3255. Under no circumstances should the remains be shipped to Arlington National Cemetery or should specific dates or times be announced until burial is specifically authorized and details confirmed by the superintendent of the cemetery.

g. Headstones and grave markers are available without charge for any deceased retiree interred in a national cemetery. If burial is in a private cemetery, the VA will, on request, provide a headstone or marker at no cost. However, the arrangements and expenses for transporting and erecting the headstone at the burial site are the responsibility of the retiree's survivors. No applications for headstones or markers are required if interment is in a national cemetery. Information and applications for headstones to be placed in private cemeteries may be obtained from the National Cemetery System (42), Department of Veterans Affairs, 810 Vermont Avenue NW, WASH, DC 20420–9999.

h. In addition to headstones or grave markers, the VA will provide, at no charge, an American flag to drape the casket of a retired member. After burial, the flag is presented to the next of kin of the deceased member. Applications for burial flags may be made at a VA office or local Post Office.

i. Military honors are not part of a national cemetery's program, but arrangements can be made for such honors depending on the availability of a funeral detail from a nearby military installation. When military members are not available, it is generally possible to arrange for rendition of military honors by members of a veterans organization. Funeral directors are often able to assist the NOK in arranging for such honors when desired. As a minimum, a retiree is entitled to an Army representative to present the American flag to NOK on behalf of a grateful nation.

Appendix R
Reimbursement of Funeral Expenses

R–1. Cost

When the next of kin of a person entitled to mortuary benefits elects to personally make all arrangements for the disposition of remains, the Army will reimburse the next of kin for expenses incurred for the removal, preparation including embalming, casket and transportation to common carrier, in the amount of the contract price (if one is in effect) or $1,750.00, whichever is less. The Army will reimburse the amount it would have cost the Government to ship the deceased to final destination and the interment allowance. In most cases, the family will be responsible for a substantial payment if they elect to assume responsibility.

R–2. Preparator arrangements

When the Army assumes responsibility for the remains, it will provide for the removal, preparation including embalming, casket, military escort to accompany the remains, and transportation to the funeral home selected by the next of kin, or to a Government cemetery of their choice that has grave space available. The Army will also make arrangements for cremation if the next of kin requests it in writing.

R–3. Internment allowances

Whether the Army makes all arrangements or if the next of kin personally makes all arrangements, an interment allowance will be paid to help defray burial expenses. The next of kin will indicate on the DD Form 1375 (Request for Payment of Funeral and/or Interment Expenses) to whom the interment allowance will be paid to, (either the next of kin or funeral home).

R–4. Non-reimbursable expenses

Some non-reimbursable expenses are—

a. Certified death certificates.

b. Food or catering.

c. Cars for other than the soldier's parents, spouse, and child(ren) or step-child(ren).

d. Perpetual care.

e. Services or merchandise not directly related to the interment.

Appendix S
Personal Effects

S–1. Personal effects and property

a. Personal effects include all personal property of the deceased. Effects include those personal items that are normally with the person such as watches, rings, jewelry, wallets containing personal papers, pictures, and money. Personal effects also include household goods and automobiles.

b. Personal effects are authorized shipment to the place directed by the NOK, with certain limitations. Automobiles are authorized to be shipped to the destination directed by the NOK, provided it is operable and the value of the automobile is commensurate with the cost of shipment.

c. Shipment of effects must normally be accomplished within one year of death. When shipment to a destination cannot be made due to uncertainty of the NOK about a permanent address or other considerations, the effects may be placed in non-temporary storage for a period not to exceed one year after death.

d. Shipment of a house trailer may be authorized at Government expense, in lieu of shipment of household goods, if the house trailer will be used as a residence at the place to which it is shipped. The cost of shipment is subject to certain limitations.

e. Contact the transportation officer to obtain exact authorizations and limitations on shipment, and storage, if applicable, of effects, automobiles, and house trailers.

S–2. Disposition of personal effects

a. When the NOK is present at the place of death, the NOK will normally be in possession of effects of the deceased except those items found on the remains and those items which are located in the unit area. Under these circumstances, the items not already in possession of the NOK will be inventoried by the deceased's commander, or his representative, and delivered to the NOK. The CAO may be designated to deliver these effects to the NOK, and obtain the signature of the NOK for the effects.

b. When the NOK is present at the place of death, the CAO will assist the NOK with the shipment of household goods. If the NOK departs prior to shipment, the CAO will complete application for shipment of household goods and act as the agent of the NOK for the shipment. It will be necessary for the CAO to obtain a limited power of attorney from the NOK for this purpose.

c. When the NOK is not present at the place of death, a Summary Court Officer is appointed to collect, inventory, safeguard, and send the effects located on post or in Government quarters to the place requested by the NOK. The Summary Court Officer has authority to complete all applications for shipment of effects without further authority from the NOK. The detailed duties and responsibilities of a Summary Court Officer are contained in AR 638–2.

d. The Army does not determine ownership of the deceased's effects. The effects are sent to the person highest on the list of authorized recipients contained in chapter 4, for disposition according to the laws at the deceased's domicile.

S–3. Effects of missing soldiers

The effects of soldiers officially determined as missing for 30 days may be shipped to the NOK at Government expense.

Appendix T
Disposition Authority

T–1. Right to direct disposition

a. The right to direct disposition of remains is a highly emotional issue in many families. On occasion each family member will have a different opinion on what to do. The Army does not negotiate with committees or intervene in family disputes. Accordingly, the CAO must ensure that he/she is talking only with the person authorized to give disposition instructions. Normally the PNOK has the authority to direct disposition. AR 638–2, paragraph 4–4, provides specific guidance to determine who is authorized to direct disposition. Before requesting or accepting disposition instructions the person's authority to make disposition must be established by determining—

(1) The exact relationship to the deceased of the person attempting to direct disposition.

(2) If there are any other living relatives who may have a higher precedence to direct disposition.

(3) If the individual had authorized a specific person to make disposition, paragraph 4–4*c*, AR 638–2.

b. On occasion the person authorized to direct disposition may be unwilling, unable or unavailable to do so. In these cases, the person with primary disposition may relinquish their authority (see fig 6–5). However, they may not name someone to act on their behalf or in lieu of them. The next person in the order of precedence assumes the authority to direct disposition.

T–2. Designation of disposition NOK

In some cases, unmarried soldiers are permitted to authorize a specific relative to direct disposition. This designation is found on the DD Form 93, Record of Emergency data. However, before contacting the named individual, verify with the CAC that the designation has not been overridden by a change in the soldier's family status. For example, a marriage would give the spouse precedence over a named individual on the DD Form 93.

a. It is important that the CAO verify that the person with whom they are talking has authority to direct disposition. For example, the CAO may be talking with the elder parent when he/she learns about the soldier's spouse. A spouse has a higher precedence to direct disposition. The disposition provided by the parents cannot be used. If the disposition was directed by the parents, the spouse could require the Army to disinter the remains and reinter them elsewhere at the Government's expense.

b. When in doubt, contact the CAC and the local JAG.

Appendix U
Viewability

U–1. Condition of remains

The family will ask about the condition of the remains and specifically if the remains are viewable. Do not attempt to answer this question until you verify the condition of the remains with the CAC. The final decision to view the remains or not, always rests with the NOK.

U–2. Classification

Generally speaking, there are three classifications of viewability: viewable, viewable for ID and non-viewable. Final determination of the remains viewability must be made at the receiving funeral home.

a. Viewable remains are presentable and will in themselves not cause further distress. It is believed the appearance of the remains is similar to the deceased's normal appearance.

b. Viewable for ID remains are less presentable than viewable and may cause additional distress when viewed. However, the remains still show identifiable features and characteristics.

c. Non-viewable remains are not presentable and may cause additional distress when viewed. Frequently non-viewable remains have been severely disfigured and bear no resemblance to the deceased. The family should be asked to allow the funeral home staff or family physician to view the remains first and to advise them whether viewing the remains is in their best interest.

Glossary

Section I
Abbreviations

AAFES
Army and Air Force Exchange Service

ACS
Army Community Service

AD
active duty

ADSW
active duty for special work

ADT
active duty for training

AER
Army Emergency Relief

AFIP
Armed Forces Institute of Pathology

AG
Adjutant General or other administration officer such as adjutant or S–1

AGR
active guard/reserve

ANOK
adult next-of-kin

APO
Army Post Office

APOD
Aerial Port of Debarkation

APOE
Aerial Port of Embarkation

ARC
American Red Cross

AR
Army Regulation

ARNG
Army National Guard

ARNGUS
Army National Guard of the United States

ARPERCEN
U.S. Army Reserve Personnel Center

AT
annual training

AUTOVON
automatic voice network

AUS
Army of the United States

AWOL
absent without leave

BASD
basic active service date

BNS1
Battalion S-1

CAC
Casualty Area Command

CAO
Casualty Assistance Officer

CAR
Chief, Army Reserves

CAS
casualties; casualty

CAT
crisis action team

CDR
commander

CID
Criminal Investigation Division

CHAMPUS
Civilian Health and Medical Plan of the Uniformed Services

CLT
casualty liaison team

CMAOC
Casualty and Memorial Affairs Operations Center

CMC
Commandant of the Marine Corps

CNGB
Chief, National Guard Bureau

COC
Casualty Operations Center

CFR
Code of Federal Regulations

CONUS
continental United States

CONUSA
the numbered armies in the continental United States

CPO
civilian personnel office

CRC
Conus replacement center

CWG
casualty working group

DA
Department of the Army

DAC
Department of the Army Civilian

DCSPER
Deputy Chief of Staff for Personnel

DDN
Defense data network

DEERS
Defense Enrollment Eligibility Reporting System

DFAS
Defense Finance and Accounting Service

DFR
dropped from rolls

DG
death gratuity

DIC
dependency and indemnity compensation

DMOS
duty military occupational specialty

DOD
Department of Defense

DSN
Defense Switch Network

DUSTWUN
duty status—whereabouts unknown

DVA
Department of Veterans' Affairs

EDSAV
educational savings allotment

EE
emergency essential

EPW
enemy prisoner of war

ETA
estimated time of arrival

ETD
estimated time of departure

ETS
expiration term of service

FAO
finance and accounting office(r)

FORSCOM
U.S. Army Forces Command

FOUO
For Official Use Only

GCMA
general court-martial authority

GCMCA
general court-martial convening authority

GTR
Government Transportation Request

HOSP
hospital

HQDA
Headquarters, Department of the Army

IAW
in accordance with

IADT
initial active duty for training

ID
identification

IDT
inactive duty training

IMA
individual mobilization augmentees

ING
inactive National Guard

INIT
initial

IRR
Individual Ready Reserve

ITO
invitational travel orders

JUMPS - ARMY
Joint Uniformed Military Pay System - Army

JUMPS-AC/JSS
Joint Uniform Military Pay System-Active Component Joint Service Software

JUMPS–RC/JSS
Joint Uniform Military Pay System-Reserve Component Joint Service Software

KIA
killed in action

LES
leave and earnings statement

LOC
letter of condolence

LOD
line of duty

LOS
letter of sympathy

LRA
local reproduction authorized

MACOM
major Army command

MARKS
Modern Army Record-keeping System

MEPS
Military Entrance Processing Station

MIA
missing in action

MOCC
Major Overseas Casualty Command

MOS
military occupational specialty

MOSC
military occupational specialty code

MPR
military pay record

MPRJ
Military Personnel Records Jacket

MPV
military pay voucher

MSC
major subordinate command

MTF
medical treatment facility

MTFA
medical treatment facility authorities

NAF
nonappropriated fund

NCO
noncommissioned officer

NCOIC
noncommissioned officer in charge

NPS
no prior service

NSLI
National Service Life Insurance

NB
nonbattle

NGB
National Guard Bureau

NOK
next of kin

OCONUS
outside cContinental United States

OIC
officer in charge

OPF
official personnel folder

OPLAN
operation plan

OSGLI
Office of Servicemen's Group Life Insurance

PAO
public affairs office(r)

PAP
personnel assistance point

PCS
permanent change of station

PDRL
Permanent Disability Retirement List

PEBD
pay entry basic date

PERSCOM
U.S. Total Army Personnel Command

PID
positive identification

PM
provost marshal

PNOK
primary next of kin

POB
place of birth

PROG
progress

PSB
personnel service battalion

PSC
personnel service center

PSD
Personnel Service Division

PT
physical training

PW
prisoner of war

RA
Regular Army

REFRAD
released from active duty

RMC
return to military control

ROTC
Reserve Officers' Training Corps

RSFPP
Retired Servicemen's Family Protection Plan

RSO
retired services officer

SADT
special active duty for training

SBP
survivor benefit plan

SCO
summary court officer

SDVI
Service - Disabled Veterans Insurance

SDLR
soldier

SGLI
Servicemen's Group Life Insurance

SI
seriously Wounded, Injured, or Ill

SIDPERS
Standard Installation/Division Personnel System

SNOK
secondary next of kin

SPECAT
special category

SPEINT
special interest

SSN
social security number

STACH
status change

SUPP
supplemental

TDA
tables of distribution and allowances

TDRL
Temporary Disability Retired List

TDY
temporary duty

TIS
time in service

TOE
term of enlistment; table(s) of organization and equipment

TPU
troop program unit

TRADOC
U.S. Army Training and Doctrine Command

TTAD
temporary tour of active duty

UGMA
Uniform Gifts to Minors Act

UIC
unit identification code

USACIDC
U.S. Army Criminal Investigation Command

USAEREC
U.S. Army Enlisted Records and Evaluation Center

USAR
United States Army Reserve

USC
United States Code

USMA
U.S. Military Academy

USGLI
United States Government Life Insurance

USPFO
U.S. Property and Fiscal Officer

UTMA
Uniform Transfer to Minors Act

VA
Department of Veterans Affairs

VEAP
Veterans' Education Assistance Program

VGLI
Veterans' Group Life Insurance

VMLI
Veterans Mortgage Life Insurance

VRI
Veterans Reopened Insurance

VSI
very seriously wounded, injured, ill

VSLI
Veterans Special Life Insurance

Section IIII
Terms

Active duty (AD)
Full-time duty in the active military services of the United States. A general term applied to all active military service with the active force without regard to duration or purpose. The term "active duty" also applies to Reserve Officer Training Corps (ROTC) applicants, cadets, and midshipmen participating in practical military training; service academy cadets and midshipmen; and members of the Reserve components serving on AD, ADT, or IDT.

Active duty for training (ADT)
A tour of AD that is used for training members of the Reserve components to provide trained units and qualified persons to fill the needs of the Armed Forces in time of war or national emergency and such other times as national security requires. The tour of duty is under orders that provide for return to nonactive duty status when the period of ADT is completed. It includes annual training, special tours of ADT, school tours, and the initial tour performed by non-prior military service enlistees.

Adopted child
Individual whose adoption has been legally completed before the child's 21st birthday. A child for whom the member has a final decree of adoption.

Adoptive parent
A person who has a final decree of adoption of the military member or the member's spouse.

Adult next of kin
The adult highest in the line of succession will be considered the adult next kin.

Annulment
The status of an individual whose marriage has been declared annulled by a court of competent jurisdiction. This restores unremarried status to a widow, widower, or former spouse for purposes of reinstatement of benefits and privileges.

Age of majority
18

Beleaguered
The casualty is a member of an organized element which has been surrounded by a hostile force to preclude escape of its members.

Beneficiary
The person (or persons) who, according to law or written designation of the soldier, is entitled to receive certain benefits. A beneficiary may be one person for the death gratuity, while another person may receive the decedent's unpaid pay and allowances. The designation of beneficiaries for death gratuity and unpaid pay and allowances does not, for instance, affect the designation of beneficiaries of life insurance, either commercial or Government sponsored, or for benefits administered by agencies outside the Army. Beneficiaries for life insurance as designated by the insured person on the policies.

Besieged
The casualty is a member of an organized element that has been surrounded by a hostile force for compelling it to surrender.

Blue Bark
A term used to designate members of DOD and their family members who are (returning from overseas) traveling in connection with the death of a soldier or civilian employee's immediate family, and who are otherwise authorized transportation under the Joint/Federal Travel Regulations. The term "Blue Bark" also is used with emergency leave or emergency curtailment of an overseas tour based on the death of a member of a soldiers

immediate family residing in the soldier's household.

Body recovered
The remains of a deceased casualty have been recovered by U.S. military authorities.

Captured
The casualty has been seized as the result of action of an unfriendly military or paramilitary force in a foreign country.

Casualty
Any person who is lost to the organization by reason of having been declared beleaguered, besieged, captured, dead, diseased, detained, DUSTWUN, injured, ill, interned, missing, missing in action or wounded.

Casualty area commander (CAC)
The commander assigned responsibility for the area in which the casualty occurs or the area in which the NOK resides, and who has casualty reporting responsibilities to the PERSCOM Casualty Operations Center. This term applies to both CONUS and OCONUS commanders.

Deceased
A casualty status applicable to a person who is either known to have died, determined to have died based upon receipt of conclusive evidence, or declared dead based upon a presumptive finding of death. The recovery of the person's remains is not a prerequisite to determining or declaring a person deceased.

Dependent or family member
Individuals whose relationship to the sponsor leads to entitlements to benefits.

Detained
A casualty status applicable to a person who is prevented from proceeding or is restrained in custody for alleged violation of international law or other reasons claimed by the government or group under which the person is being held.

Disability
Any type of injury or disease whether mental or physical.

Documentation
Properly certified birth certificate (of live birth) which includes the names of both parents or certificate of live birth with the name of at least one parent issued from the hospital; marriage certification; includes the names of both parents; marriage certification; final decree of divorce dissolution, or annulment of marriage; court order for adoption or guardianship; statement of incapacity from physician; retirement orders (providing entitlement to retired pay is established) or DD Form 214 (Certificate of Release or Discharge from Active Duty); DD Form 1300, (Report of Casualty); certified death certificate; certification from the Veterans Affairs of 100 percent disabled status; order awarding Medal of Honor; civilian personnel records, military personnel records, DD Form 93 (Record of Emergency Data), SGLV–8286 (Servicemen's Group Life Insurance Election and Certificate), SGLV–8285 (Request for Insurance), SGLV-8714 (Application for Veterans' Group Life Insurance) unit training orders, TDY orders, training schedules, invitational travel orders and DA Form 31 (Request Authority for Leave).

DUSTWUN (Duty Status—Whereabouts Unknown)
A transitory casualty status, applicable only to military personnel, that is used when the responsible commander suspects the member may be a casualty whose absence is involuntary, but does not feel sufficient evidence currently exists to make a definite determination of missing or deceased.

Full-time coverage
A soldier who has full-time coverage is insured regardless of when death occurs.

Hostile casualty
A person who is the victim of a terrorist activity or who becomes a casualty "in action." "In Action" characterizes the casualty as having been the direct result of hostile action, sustained in combat or relating thereto, or sustained going to or returning from a combat mission provided that the occurrence was directly related to hostile action. Included are persons killed or wounded mistakenly or accidentally by friendly fire directed at a hostile force of what is thought to be a hostile force. However, not to be considered as sustained in action and not to be interpreted as hostile casualties are injuries due to elements, self-inflicted wounds and, except in unusual cases, wounds or death inflicted by a friendly force while the individual is in absent-without-leave, deserter, or dropped from the rolls status or is voluntarily absent from a place of duty.

Inactive duty training (IDT)
Authorized training performed by a member of a Reserve component not on AD or ADT and consisting of regularly scheduled unit training assemblies, additional training assemblies, periods of appropriate duty or equivalent training, and any special additional duties authorized for Reserve component personnel by the Secretary concerned, and performed by them in connection with the prescribed activities of the organization in which they are assigned with or without pay. Does not include work or study associated with correspondence courses.

Initial active duty for training (IADT)
a. Includes basic military training and technical skill training.

b. Is required for all USAR or ARNG accessions. Active duty for special work (ADSW).

c. Used when the purpose of the tour is to accomplish organizational mission, support, and administration, or for critical reserve component unique projects.

d. Training for the individual soldier is incidental.

Interned
Any person definitely known to have been taken into custody of a non-belligerent foreign power as the result of and for reasons arising out of any armed conflict in which the Armed Forces of the United States are engaged.

Killed in action (KIA)
A casualty category applicable to a hostile casualty, other than the victim of a terrorist activity, who is killed outright or who dies as a result of wounds or other injuries before reaching a medical treatment facility.

Missing
A casualty status applicable to a person who is not at his or her duty location due to apparent involuntary reasons and whose location may or may not be known.

Missing in action (MIA)
The casualty is a hostile casualty, other than the victim of a terrorist activity, who is not present at his or her duty location due to apparent involuntary reasons and whose location is unknown.

Next of kin (NOK)
The person most closely related to the casualty is considered primary next of kin for casualty notification and assistance purposes. This is normally the spouse of married persons and the parents of single persons who have no children. The precedence of next of kin with equal relationships to the member is governed by seniority (age). The rights of minor children shall be exercised by their parents or legal guardian. The below order of precedence is used to identify the primary next of kin. All other persons are considered secondary next of kin. For the order of precedence used concerning the disposition of remains and personal effects, consult appropriate statutes and Service regulations.

a. Spouse.

b. Natural, adopted, step, and illegitimate children (if acknowledge by the member or paternity/maternity has been judicially decreed.)

c. Parents, unless legal exclusive (sole) custody was granted to a person by reason of a court decree or statutory provision.

d. Persons standing in loco parentis.

e. Persons granted legal custody of the member by a court decree or statutory provision.

f. Brothers or sisters, to include half-blood and those acquired through adoption.

g. Grandparents.

h. Other relatives in order of relationship to the member according to civil laws.

i. If no other persons are available, the Secretary of the Military Department may be deemed to act on behalf or the member.

Note. In those cases involving missing service members found dead pursuant to 37 U.S.C., the remarried surviving spouse should be notified when remains are recovered. Although the remarried surviving spouse has no blood relationship to the members, the prior marital relationship and the continuing interest in the members are the determining factors. The term remarried surviving spouse does not include one who obtained a divorce from the member or who remarried before a finding of death pursuant to 37 U.S.C.

Nonhostile casualty
A person who becomes a casualty due to circumstances not directly attributable to hostile action or terrorist activity. Casualties due to the elements, self-inflicted wounds, and combat fatigue are nonhostile casualties.

Not seriously injured (NSI)
The casualty status of a person whose injury or illness may or may not require hospitalization, medical authority does not classify as VSI, SI or III, and the person can communicate with the NOK.

OSGLI
Office of the Servicemen's Group Life Insurance, 213 Washington Street, Newark, NJ 07102. The administrative office of SGLI and VGLI for VA.

Overseas
All locations, including Alaska and Hawaii, outside the continental United States.

Parent/loco-parentis
This means in the place of or instead of a parent charged factitiously with a parents duties and responsibilities. The natural father or mother, father or mother through adoption, or person who stood in relationship of a parent to the deceased for a period of at least 5 years prior to the soldier reaching 18 years of age.

Part-time coverage
A soldier who has part-time coverage is insured only during the specified duty periods and while proceeding directly to or from the place of duty. Coverage is not provided during work or study in connection with correspondence courses or while attending educational institutions in an inactive status.

Presumptive finding of death
A declaration by the Military Service Secretary or designee of the Military Service concerned, based upon a recommendation by a board or other official body that a person who was placed in a missing casualty status is dead.

Primary next of kin (PNOK)
The legal next of kin. That person of any age most closely related to the individual according to the line of succession. Seniority, as determined by age, will control when the persons are of equal relationship.

Personnel Service Company (PSC)
The office that maintains a soldier's DA Form 201, (Military Personnel Records Jacket)

Personnel Service Center/Division (PSC/PSD)
The personnel office that maintains an individual's Personnel Records

Posthumous promotion
Promotion to a higher grade following a casualty's death; however, this promotion is not for pay purposes.

Returned to military control (RMC)
The status of a person whose casualty status of DUSTWUN or missing has been changed due to the person's return or recovery by U.S. military authority.

Secondary next of kin (SNOK)
Any next of kin other than the primary next of kin.

Seriously ill or injured (SI)
Casualty status of a person whose illness or injury is classified by medical authorities to be of such severity that there is cause for immediate concern, but there is no imminent danger to life.

Service-connected
A service-connected death must have occurred in the line of duty, and not a result of the deceased soldier's willful misconduct or negligence. It is not necessary that death occur while actually performing military duties or during military operations to be service-connected.

Terrorism
The unlawful use or threatened use of force or violence against individuals or property to coerce or intimidate governments or societies, often to achieve political, religious, or ideological objectives. A victim of a terrorist act directed against the United States or its allies is a hostile casualty.

Total disability
Any impairment of mind or body which continuously renders it impossible for the insured to follow any substantially gainful occupation.

Very seriously ill (VSI)
The casualty status of a person whose illness or injury is classified by medical authorities to be of such severity that life is imminently endangered.

Unmarried spouse
A widow or widower who has remarried and through annulment, divorce, or death is no longer married.

Unremarried spouse
A widow or widower of a deceased soldier who has not remarried.

Wounded in action
A casualty category applicable to a hostile casualty, other than the victim of a terrorist activity, who has incurred an injury due to an external agent or cause. The term encompasses all kinds of wounds and other injuries incurred in action, whether there is a piercing of the body, as in a penetration or perforated wound, or none, as in the contused biological and chemical warfare agents, and the effects of exposure to ionizing radiation or any other destructive weapon or agent. The hostile casualty's status may be VSI, SI, III, or NSI.

Section III
Special Abbreviations and Terms

This section contains no entries.

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This index is organized alphabetically by topic and by subtopics. Topics and subtopics are identified by paragraph numbers.

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RESERVED

M TAB TAB TAB TAB

CASUALTY ASSISTANCE REPORT

For use of this form, see AR 600-8-1; the proponent agency is The Commander MILPERCEN

DATE

TO:

FROM:

DECEASED OR MISSING

1. LAST NAME - FIRST NAME - MIDDLE INITIAL | 2. GRADE | 3. SERVICE NO./SSN

4. ORGANIZATION AND STATION

5. Death or Missing Status — *a.* DATE | *b.* PLACE

6. Death - Interment — *a.* DATE | *b.* PLACE

NEXT OF KIN AND DEPENDENTS

7. GIVE NEXT OF KIN FIRST AND ADULT NEXT OF KIN SECOND. INDICATE IF SAME.

LAST NAME - FIRST NAME - MIDDLE INITIAL	ADDRESS	RELATION-SHIP	CON-TACTED YES	CON-TACTED NO

8. a. NEW ADDRESS OF NEXT OF KIN *(No., street, city, and state).* IF MOVING *b.* SCHEDULED DATE OF ARRIVAL

IN THE FOLLOWING LIST OF ACTIONS AND/OR BENEFITS INDICATE THE DATE OR DATES THAT ACTION WAS TAKEN. SPECIFY TYPE OF ACTION AS FOLLOWS: COUNSELLING (C), ASSISTANCE (A) OR REFERRAL (R), CLAIM OR APPLICATION SUBMITTED (CS), NO ACTION REQUIRED (NA), COUNSELLED, NO ACTION REQUIRED (CNA).

ITEM	ACTION	DATE(S)
9. Initial Contact Made *(include time with date)* [1]		
10. Death Gratuity Pay [2]		
11. DA Pamphlet 608-4 Furnished *(Active)*		
12. DA Pamphlet 600-5 Furnished *(Retired)*		
13. Burial Arrangements and Rights		
a. Funeral Services		
b. Military Honors		
c. National or Post Cemetery		
d. Assistance at National/Post Cemetery		
e. Flag to Drape Casket		
f. Headstone or Marker or Monetary Allowance		
g. Reimbursement for Preparation and Transportation of remains if privately arranged [2]		
h. Interment Allowance [2]		
14. Financial Assistance *(AER, ARS, or ARC)* [1]		
15. Unpaid Pay & Allowance		
16. Veterans Education Asst Program		

[1] *Which may be applicable to "missing" personnel cases.*

[2] *NOT generally applicable to retired personnel cases.*

CONTINUED ON REVERSE

M	TAB	TAB
ITEM	ACTION	DATE(S)
17. Allotment Adjustments *(Missing cases only)* [1,2]		
18. Official Statement of Death		
19. Will And/Or Personal Affairs Record		
20. Travel of Dependents [1,2]		
21. Assistance at Intermediate Points		
22. Movement of Household Goods [1,2]		
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32. Ret Servicemen's Family Protection Plan		
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d. Military Motion Picture Theater Privilege [1]		
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36. VA Compensation or Pension		
37. Social Security Benefits		
38. Homestead Preference		
39. Home Loan Guaranty by VA		
40. Railroad Retirement Death Benefits		
41. State Benefits		
42. Education of Children		
43. Civil Service Survivor Annuties		
44. Civil Service Job Preference		
45. Legal Assistance [1]		
46. Income Tax [1]		
47		

48. REMARKS *(Give any favorable or unfavorable comments made by next of kin. Express attitude shown toward DA, whether appreciative or critical.)*

49. TIME AND DATE CASE RECEIVED BY ASSISTANCE OFFICER

50. DATE CASE COMPLETED

TYPED NAME AND GRADE OF CASUALTY ASSISTANCE OFFICER

SIGNATURE OF CASUALTY ASSISTANCE OFFICER

[1] *Which may be applicable to "missing" personnel cases.*

[2] *NOT generally applicable to retired personnel cases.*

DATA REQUIRED BY THE PRIVACY ACT OF 1974
PERSONAL INFORMATION FROM THE NOK OF A DECEASED SERVICE MEMBER

(5 U.S.C. 552a)

TITLE OF FORM	PRESCRIBING DIRECTIVE
PERSONAL INFORMATION FROM THE NOK OF A DECEASED SERVICE MEMBER	AR 600-8-1

1. AUTHORITY

10 USC 1475-1480 44 USC 3101

3. PRINCIPAL PURPOSE(S)

The personal information pertaining to you as a NOK of a deceased service member becomes official information when released and is used by HQDA in the settlement of the deceased's personal affairs and financial accounts.

3. ROUTINE USES

The information provided to the person(s) assisting you will be forwarded to HDQA for use in settling the personal and financial affairs of the service member. The information requested may be a valid address for you and your children (if applicable), your desires as to the disposition of the deceased's remains, factual information as to your marital status in relation to the deceased, and other such information which will enable the Army to settle the deceased's personal affairs. It may also be used by other government agencies and selected agencies such as an insurance company or bank.

4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION

Disclosure of the information is voluntary. However, the disclosure enables the personal affairs and financial accounts of the deceased service member to be finalized and you as a NOK receive any benefits to which entitled. If the required information is not provided then a delay may be experienced in your receiving those benefits to which you may be entitled.

*US. G.P.O.:1998-432-776:80015

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