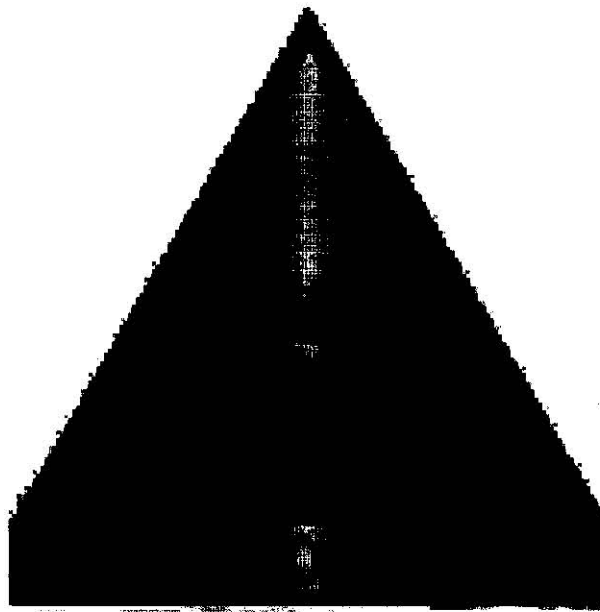


Casualty Assistance Brief



**LEGAL ASSISTANCE OFFICE
OFFICE OF THE STAFF JUDGE ADVOCATE
U.S. ARMY ARMOR CENTER AND FORT KNOX
FORT KNOX, KY 40121
(502) 624-2771**

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INTRODUCTION

The Fort Knox Legal Assistance Office extends its deepest condolences to you on the loss of your loved one. In hopes of making a difficult time somewhat easier, we have assembled some information that may be of use. This book covers a wide range of benefits and programs available to those left behind when a servicemember dies. We hope that the materials provided will be helpful to you in resolving the issues frequently encountered after such a loss. If you have any questions about any of these matters or require legal assistance, please feel free to contact us at (502) 624-2771 to schedule an appointment with a Legal Assistance Attorney.

This purpose of this document is solely to provide information and preliminary guidance. **Nothing in this book is intended as a substitute for competent legal counsel.** Therefore, you should consult an attorney, rather than use this guide as a tool to act as your own attorney.

DEPENDENT TRAVEL AND SHIPMENT OF HOUSEHOLD GOODS

Travel to Burial Site: Dependents of soldiers who die while on active duty may travel at Government expense from the place of active duty or residence to the burial site and return to the place of active duty or residence. This is accomplished in one of the following ways:

- Obtaining Transportation Requests, which are utilized for passage aboard a plane, train or bus. Assistance in obtaining Transportation Requests is provided by the local Transportation Office.
- Purchasing your own transportation and obtaining reimbursement for the actual cost of the tickets (not to exceed the amount it would have cost the Government to provide the transportation). Assistance in obtaining reimbursement can be provided by the local Finance and Accounting Office.

Retention of Family Quarters: Installation Commanders are authorized to permit survivors of deceased soldiers who die in the line of duty to remain in quarters without charge for up to 90 days. If the family terminates quarters prior to that time, copies of the termination orders can be forwarded to the Defense Finance and Accounting Service, 8899 East 56th Street, Indianapolis, IN 46249 to initiate payment of quarters allowance for the remaining time.

Relocation Move: One relocation move is authorized at government expense for each eligible dependent. The move is authorized to either the deceased's home of record, the dependent's residence or another location that bears a reasonable relationship to the dependent's circumstances. The move must be completed within one year of the date of death, unless an extension is approved by the Secretary of the Army. For assistance in arranging for a relocation move, please contact your local Transportation Office.

Movement of Household Goods: Transportation of household goods of deceased soldiers who die while serving on active duty is authorized at Government expense to the deceased's home of record, the dependent's residence, the residence of the next of kin or the residence of another person entitled to receive custody of the household goods. The move can be performed by the Government, or can be conducted personally with Government reimbursement (not to exceed the amount the Government would have paid to move the household goods). The move must normally occur within one year of the date of death, but an extension can be requested. When no immediate destination is known, the goods may be placed in non-temporary storage at Government expense for up to one year from the date of notification of the death. For assistance with any of these matters, please contact your local Transportation Office.

Shipment of Automobile: One privately owned vehicle may be shipped at Government expense to either the home of record, the residence of a surviving dependent or the residence of the primary next of kin or other person entitled to receive custody of the deceased's personal effects. As with household goods, transportation must usually be accomplished within one year of notification of the member's death, but a time extension may be requested.

FINANCIAL MATTERS

Death Gratuity Payment and/or Unpaid Pay and Allowances: Army Regulation 600-8-1 authorizes the payment of a death gratuity of \$6000.00 to certain survivors of deceased active duty soldiers or soldiers who die within 120 days following discharge or release, under honorable conditions, from active duty. This payment will be made if the Veterans Administration determines that death resulted from an injury or disease incurred or aggravated while the soldier was on active duty or on authorized travel status to and from such duty.

Beneficiaries may also be eligible to receive payment for the deceased's unpaid pay and allowances; however, certain eligibility rules may entitle the beneficiary to payment for unpaid pay and allowances but not a death gratuity, and vice versa. These rules are set forth in more detail in the Department of Defense Pay and Allowances Entitlements Manual, and a Legal Assistance Attorney can assist you in applying these rules to the facts of your particular case.

To apply for these benefits, you will need to complete DD Form 397 (Claim Certification and Voucher for Death Gratuity Payments) and Standard Form 1174 (Claim for Unpaid Compensation of Deceased Member of the Uniformed Services) and forward it to the deceased's finance or disbursing officer for action. Copies of these forms are provided for your convenience.

Servicemen's Group Life Insurance (SGLI) and Veterans' Group Life Insurance (VGLI): SGLI and VGLI are commercial life insurance policies which provides term life insurance coverage only; there are no loan, cash, paid-up or extended insurance values. Soldiers and veterans normally designate by name the beneficiary(ies) to receive SGLI or VGLI payment in the event of death. When a beneficiary is named, proceeds will be paid to the named beneficiary. If the member does not designate a beneficiary, the law requires that the insurance be paid in the following order of precedence:

1. Spouse;
2. Child or children in equal shares;
3. Parents;
4. Deceased's Executor or Administrator;
5. The next of kin entitled to payment under the law of the state of residence of the soldier at the time of death.

After death, the Department of the Army certifies the SGLI insurance coverage to the Office of the Servicemen's Group Life Insurance (OSGLI), 213 Washington Street, Newark, NJ 07010-9986. You can contact OSGLI to initiate the claims process under either SGLI or VGLI. The process normally takes approximately 45 days.

Other Commercial Life Insurance: The deceased may have acquired a separate policy of life insurance other than his SGLI or VGLI, and this information may not be contained in any of his military records. You will need to locate any information regarding any such policies in the deceased's personal papers and contact the nearest representative or home office of the company in order to process a claim on that policy. Your Legal Assistance Office can assist you in answering any questions regarding the claims process.

Dependency and Indemnity Compensation (DIC): This compensation is payable by the Veterans Administration (VA) to the eligible survivors of soldiers who die on active duty, active duty for training, inactive duty training or after release from active duty if the VA determines that the death was due to a service-connected disability. The amount payable is dependent on the number and type of surviving dependents and the paygrade of the deceased soldier. DIC is payable to a surviving spouse for her lifetime, unless she remarries. If there is no surviving spouse, DIC is payable to any surviving children in equal shares until the children reach 18 or marry. DIC can continue for children past 18, however, if the child becomes permanently incapable of self-support or is pursuing a course of education at an approved educational institution. DIC may also be payable to parents of the deceased soldier, depending on income they may be receiving from other sources.

To apply for these benefits, please contact your local VA office. You will need to submit certain documents with your application, including proof of relationship, proof of death, proof of age and relationship of children and, in the case of parents applying for DIC, proof of income from all sources.

Survivor Benefit Plan: This plan is optional and must have been elected by the soldier. If elected, it provides an annuity for the surviving spouse of an active-duty soldier who had attained eligibility for retirement. The annuity is payable for the life of the surviving spouse unless she remarries before age 55. For surviving spouses of retirement-eligible active duty soldiers, the annuity is normally 55% of the retired pay to which the member would have been entitled, but is recalculated at a lower rate when the surviving spouse reaches 62 years of age. SBP payments will be reduced by the amount of any payments being provided under the DIC Program.

To apply for these benefits, you will need to complete DD Form 1884 (Survivor Benefit Plan--Application for Annuity), which is forwarded to the Defense Finance and Accounting Service, ATTN: DFAS-DE/FRB, 6760 E. Irvington Place, Denver CO 80279-6000. This form is provided for your convenience.

Social Security Payments: Eligible survivors of deceased active-duty soldiers and retirees may be eligible for Social Security payments. The persons eligible and the amount payable are determined by the Social Security Administration.

A lump-sum payment, in addition to any monthly payments, may be made to the surviving spouse if the spouse was living in the same household as the soldier at the time of death or was otherwise eligible for benefits on the deceased's social security record for the month of death. If there is no surviving spouse, the lump sum payment may be paid to a child eligible for benefits on the social security of the deceased. To apply for Social Security Benefits, please contact the local Social Security Office.

Veterans' Education Assistance Program (VEAP): If a deceased soldier participated in VEAP, the amount of the soldier's unused contributions are reimbursable to the soldier's family in the following priority:

1. Spouse;
2. Children, in equal shares;
3. Parents, in equal shares;
4. The soldier's estate.

To apply for reimbursement, complete VA Form 21-4138 (Statement on Support of Claim) and submit it to your local VA Office. A copy of this form is provided for your convenience.

U.S. Savings Bonds: Some soldiers purchase U.S. Savings Bonds and have them sent to the U.S. Army Finance and Accounting Center for safekeeping. If Leave and Earnings Statements (LES) can be located which show receipts for such bonds, you can send such receipts to the Defense Finance and Accounting Service, ATTN: FDBE/BSK, 8899 E. 56th St., Indianapolis, IN and request that the bonds be mailed to you. If no receipts can be located but it is believed that such bonds were purchased, you can write to the Defense Finance and Accounting Service for information. Please include the soldier's full name and social security number in your letter.

Army Emergency Relief (AER): AER is a private nonprofit corporation whose mission is to help Army members, retirees and their dependents, including spouses and orphans of deceased Army members. The type and amount of assistance to spouses and orphans may be based on an emergency need, a sustaining need or a special one-time need. Further information regarding AER assistance may be obtained from the local AER office or from National Headquarters, AER, Department of the Army, 200 Stovall Street, Alexandria, VA 22332-0400.

American Red Cross: Pending receipt of government benefits, the American Red Cross may be able to help you meet an emergency financial need, either through direct assistance or other sources. You can contact the local American Red Cross chapter for further information.

CONTINUED SERVICE BENEFITS AND PRIVILEGES

The death of an active-duty soldier or retiree does not end your rights to certain benefits and privileges previously received. Many privileges continue for a surviving spouse and/or surviving children based on their status at the time of the soldier's death.

Medical Care: If a soldier dies while serving under orders or after retirement, certain dependents continue to be eligible for medical care from military facilities or from civilian sources under TRICARE. Those dependents include:

- Unremarried spouses;
- unmarried children under 21 years of age;
- unmarried children over 21 and incapable of self-support because of an incapacity which existed before the child turned 21 and the child was dependent on the soldier for support at the time of his death;
- unmarried children 21 or 22 years of age and taking a full-time course of education approved by the Secretary of Education, Secretary of Defense or state agency under certain federal statutes;
- parent or parent-in-law who was dependent on the soldier for one-half of their support and living at a place provided or maintained by the soldier at the time of his death.

Commissary, Post Exchange (PX) and Recreation Facilities: Unremarried spouses are eligible to use commissaries, and (with approval of the post Commander) can designate an agent to buy for them and family members living with them. However, commissary privileges may be restricted in foreign countries where status of forces treaties prohibit granting commissary privileges. Unremarried spouses and dependent children are also eligible for PX privileges, as well as use of motion picture theaters at military installations and recreational facilities available to other dependents.

Legal Assistance: Unremarried spouses and dependent children are eligible for the full range of legal services provided by your local Legal Assistance Office.

To obtain service benefits and privileges to which you are entitled, you must identify yourself as the dependent of the deceased soldier or retiree, which can only be accomplished by obtaining a new DD Form 1173 (Uniformed Services Identification and Privilege Card) showing that you are the dependent of a deceased soldier. You may obtain the new ID card by completing an application (DD Form 1172) and presenting it at the nearest military ID Card issuing facility with proof of eligibility. This proof usually includes:

- A Civilian Death Certificate of DD Form 1300 (Army's Certificate of Death);
- Marriage certificate (for spouse);
- Birth certificate or adoption papers (for children);
- Certification of entitlement if privileges are sought for children over 21 years of age.

The ID Card will be issued to all surviving dependents 10 years of age or older. An ID Card will also be issued to children under age 10 if the parent is deceased, remarried or was divorced from the soldier at the time of the soldier's death.

MISCELLANEOUS BENEFITS

There are many federal and state benefits to which you or your dependents may be entitled as a result of your status.

Posthumous Promotions: If the deceased soldier has been officially recommended for promotion to grade of E5 or above but did not receive it due to death, the promotion will be made posthumously by HQDA and forwarded to the primary next of kin by personal letter. However, such a promotion is honorary only, and does not entitle the primary next of kin to receive any bonus, gratuity pay, allowances or benefits based on the higher grade.

Posthumous Awards: If the Commander of the deceased soldier has approved an award to the soldier, an appropriate presentation based upon your wishes will be arranged. The decoration will normally be presented by your Casualty Assistance Officer or an officer designated by the Commander having area casualty responsibility.

You may also request that certain medals awarded to the soldier before his death but which you do not have be provided to you. This request should be mailed to the Commander, ARPERCEN, ATTN.: DARP-PSE-AW, 9700 Page Boulevard, St. Louis, MO 63132-5200. Your letter should be accompanied by a copy of the death certificate and documents substantiating the requested awards. Please be advised that the request cannot be used to replace the Medal of Honor, Distinguished Service Cross or Distinguished Service Medal; these may only be replaced by the person who originally received the medal. Foreign medals also cannot be replaced in this manner because they are not stocked by the U.S. Government.

Civil Service Job Preference: Unremarried spouses may be authorized a 10-point veterans' service preference for Federal Civil Service Employment if the soldier served in wartime, a peacetime campaign or expedition for which a campaign badge or service medal was authorized or served from 28 April 1952 to 1 July 1955. Information concerning Federal employment opportunities may be obtained by writing Office of Personnel Management, 1900 E Street NW, Washington, DC 20006-5017 or by going to OPM's website, www.opm.gov.

VA Home Loan Guarantee: Unremarried spouses of veterans and service personnel who served between September 16, 1940 and the present and died from service-connected disabilities may be eligible for VA Home Loan Benefits. For more information, please contact the nearest VA Regional Office.

Federal Tax Benefits: Section 692 of the Internal Revenue Code cancels the income tax of a soldier who died in a Combat Zone/Qualified Hazardous Duty Area (CZ/QHDA), or died from wounds, disease or injury incurred while so serving. The cancellation applies to taxes for the year in which the soldier died and any prior year ending on or after the first day they served in a CZ/QHDA. Additionally, federal estate taxes due may be reduced by Section 2201 of the Internal Revenue Code for a soldier killed in action while serving in a CZ/QHDA, or who died from wounds, disease or injury incurred while so serving. Any questions regarding these issues can be addressed by your local Legal Assistance Office or the Internal Revenue Service office that services your area.

Education: Several benefits may be available to qualified dependents:

- Students who are dependents of DOD sponsors who die while entitled to compensation or active duty pay may be enrolled in Department of Defense Overseas Dependents Schools (DODDS) on a space-available, tuition-free basis. Current information on availability and eligibility can be obtained by contacting your local Army Community Services office.
- The VA administers the Dependents' Education Assistance Act. This Act provides an educational aid allowance for a maximum of 45 months for spouses and children of 100% service-connected disabled veterans, veterans who die while a service-connected disability is rated total and permanent, and dependents of POWs/MIAs. Generally, students must be between the ages of 18 and 26. You can contact your local Veterans' Administration office for more information on this program.
- AER has an undergraduate assistance program for spouses and unmarried dependents of Army soldiers who are either active, retired or deceased. The assistance includes both scholarships and loans. The number of scholarships are limited and based primarily on financial need. For more information, you can contact your local AER office or National Headquarters, AER, Department of the Army, 200 Stovall Street, Alexandria, Virginia 22332-0400.
- Many colleges, universities and technical schools have scholarship programs available to the children of deceased soldiers, particularly those soldiers who served in time of war. You can contact the Director of Student Financial Aid at the school which you are considering in order to learn more about what the school may offer. You can also contact your local Army Continuing Education Center for more information.

PROBATE ISSUES

"Probate" is the process by which a court determines the validity of a will (if the deceased had a will at the time of death) and supervises the final administration of the deceased's affairs in accordance with his wishes (as stated in a will, if available) and the law.

Many people assume that probate is not necessary if the deceased died without a will or left all property to the surviving spouse or children. This is not so; probate is important to establish several important legal matters, such as authority to act on behalf of the deceased for tax-filing purposes, legal title to real estate owned by the deceased and conveyed to heirs, etc. Individual states are generally free to determine their own probate laws, so those laws may differ widely from state to state.

Many people are intimidated by the word "probate," thinking that it is a long, complicated and expensive process. This is not necessarily correct. In fact, depending on the size of the deceased's estate and the manner in which any assets are to be distributed, the probate process may be handled in a summary proceeding involving filing a couple of forms and a brief court appearance. Your local Legal Assistance Office can assist you with determining the best method to handle any probate issues.

While you are reviewing your loved one's will and important papers in preparation for probate, you may discover that your own will needs updating. You can call your Local Legal Assistance Office to schedule an appointment for drafting a new will and discussing any estate-planning issues on your mind.

Income, Estate and Inheritance Taxes: Tax consequences may still occur for an individual even after death. Unless otherwise excluded or forgiven under the Internal Revenue Code, a deceased person still owes income tax for the year of death. The deceased's personal representative (named by the court in probate proceedings) will have the responsibility of making sure an appropriate return is filed so that the IRS and state departments of revenue receive whatever tax is owed. In certain circumstances, if the deceased was married, the surviving spouse can still file a joint return even though technically no longer married. For the year of the spouse's death, a joint return makes sense from a tax perspective (higher standard deduction). Thus, if your spouse died in 2000, you would be entitled to file as married filing joint for the 2000 tax year.

Many beneficiaries wonder if life insurance benefits paid to them by the insurer are taxable as income. Such benefits are not taxable unless the beneficiary paid something for the right to receive the proceeds. For example, SGLI benefits are tax-free for the person(s) named as beneficiaries, but SBP benefits paid to the deceased's heirs after death may be taxable income to them.

In addition to state and federal income tax, an individual may be subject to payment of federal estate tax. Estate tax is levied on what the IRS calls the "gross estate" of the decedent. This includes money, property, life insurance and just about any other asset a person owns or controls. Congress has created a "unified credit" which exempts a person's estate from payment of estate tax unless their estate is valued at an amount greater than the unified credit. In 2000, that amount is \$675,000, and the credit is scheduled to increase until it reaches \$1,000,000 in 2006. This means generally that no tax is due if the deceased's estate is less than \$675,000. Since most of us have estates valued at less than the unified credit, federal estate tax is usually a non-issue.

Most states have state inheritance tax laws that operate independently of federal estate tax laws. For example, in Kentucky there is no \$675,000 unified credit; a deceased's estate may still have to pay state inheritance tax even if it is not required to pay federal estate tax. However, Kentucky has a statute which exempts an estate from paying state inheritance tax for that portion of the estate which is being transferred to a spouse, child, grandchild, parent or sibling. In Kentucky, filing an inheritance tax return and having it accepted by the Revenue Cabinet is necessary before the probate court will enter an order finalizing the probate proceeding. However, if no inheritance tax return is required due to the deceased's estate being transferred to an exempt beneficiary, no inheritance tax return need be filed; the completion and filing of an Affidavit of Exemption is all that is required.

Federal and state tax laws can be complicated. Please feel free to contact your local Tax Center or Legal Assistance Office to answer questions you may have on these issues.

CONTACTS

A list of addresses and phone numbers for the offices mentioned in these materials is attached.

One additional source of information which may be helpful to you is the Tragedy Assistance Program for Survivors ("TAPS"). TAPS is a national non-profit organization which provides free services to those impacted by the loss of a soldier who dies on active duty. These services include a peer support network, grief and trauma counseling referral, an annual military survivor seminar, a quarterly newsletter and a case worker assistance program. TAPS also provides financial planning information and critical incident stress management through a network of experienced case workers. These services are available 24 hours a day. You can contact TAPS by calling (800)959-TAPS or at its website, www.taps.org.

Your local Casualty Assistance Office may be able to provide you with additional information regarding these matters. You can contact the Casualty Assistance Office at (502)624-1650.

And of course, your local Legal Assistance Office is available to assist you in addressing any questions you have or providing legal advice on any of these issues. Feel free to give us a call at (502)624-2771 between the hours of 0800-1600, Monday-Friday.

ADDRESS AND TELEPHONE LIST

Fort Knox Legal Assistance Office
First Floor, Building 1310 (Pike Hall)
U.S. Army Armor Center and Fort Knox
Fort Knox, KY 40121
(502)624-2771
Internet: knox-www.army.mil/center/sja/

Fort Knox Casualty Assistance Office
Building 5101
U.S. Army Armor Center and Fort Knox
Fort Knox, KY 40121
(502)624-1650
Internet: knox-www.army.mil/center/ag/casopn.html

Fort Knox Transportation Office
Building 1384
U.S. Army Armor Center and Fort Knox
Fort Knox, KY 40121
(502)624-3927

Fort Knox Army Emergency Relief Office
Building 77
U.S. Army Armor Center and Fort Knox
Fort Knox, KY 40121
(502)624-1996

Fort Knox Army Community Services Office
Building 77
U.S. Army Armor Center and Fort Knox
Fort Knox, KY 40121
(502)624-6291
Internet: knox-www.army.mil/garrison/hrd/sfss/acs/index.html

Fort Knox American Red Cross Office
Building 1131
U.S. Army Armor Center and Fort Knox
Fort Knox, KY 40121
(502)624-2163

Fort Knox ID Card Office
Building 1384 (One Stop)
U.S. Army Armor Center and Fort Knox
Fort Knox, KY 40121
(502)624-5553

Fort Knox Army Continuing Education System Division
Building 1174
U.S. Army Armor Center and Fort Knox
Fort Knox, KY 40121
(502)624-4114
Internet: knox-www.army.mil/garrison/hrd/aces/

Social Security Administration-Elizabethtown Office
617 North Mulberry Street
Elizabethtown, KY 42701
(270) 769-2410
Internet: www.ssa.gov

Veterans Administration Regional Office
545 S 3rd St.
Louisville, KY 40202
(800)827-1000
Internet: www.va.gov

Office of Servicemen's Group Life Insurance (OSGLI)
213 Washington Street
Newark, NJ 07010-9986
(800)419-1473

Defense Finance and Accounting Service
ATTN: DFAS-DE/FRB
6760 E. Irvington Place
Denver CO 80279-6000
(800) 435-3396

Defense Finance and Accounting Service
8899 East 56th Street
Indianapolis, IN 46249
(888) 729-2769

Army Emergency Relief
200 Stovall Street
Alexandria, VA 22332
(703)428-0000
<http://www.aerhq.org>

American Red Cross
P.O. Box 37243
Washington, DC 20013.
800-435-7669
<http://www.redcross.org>

U.S. Office of Personnel Management
1900 E Street NW
Washington, DC 20006-5017
(202) 606-1800
<http://www.opm.gov>

CLAIM CERTIFICATION AND VOUCHER FOR DEATH GRATUITY PAYMENT <small>(Act August 1, 1956, 70 Stat 857, and regulations pursuant thereto)</small>			1. BUREAU VOUCHER NO.	2. D.O. VOUCHER NO.	
3. APPROPRIATION SYMBOL AND TITLE			4. PAID BY		
THE UNITED STATES, DR. TO:	5. NAME AND ADDRESS OF PAYEE (Street and Number, City and State)				
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	7A. SOCIAL SECURITY ACCT. NO.	8. GRADE	
9. PLACE OF DEATH			10. DATE OF DEATH		11. YEARS SERVICE
12. ADDITIONAL PAY FOR (Identified by type)			13. TOTAL MONTHLY PAY (Including Block 12)		14. DUE PAYEE
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 <input type="checkbox"/> (a) I AM <input type="checkbox"/> HIS WIDOW <input type="checkbox"/> HER WIDOWER. (Complete only Block 17a and have Block 17 signed by two certifying witnesses.) <input type="checkbox"/> (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.) <input type="checkbox"/> (c) I AM THE <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BROTHER <input type="checkbox"/> 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			
17. CERTIFICATE OF WITNESSES TO SIGNATURE OF PAYEE (Two witnesses are required)			17a. SIGNATURE OF PAYEE (Must be affixed in the presence of two witnesses)		
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.					
SIGNATURE AND ADDRESS OF 1ST WITNESS		SIGNATURE AND ADDRESS OF 2D WITNESS		ADDRESS OF PAYEE	
18. ADMINISTRATIVE STATEMENT			DATE		
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 \$					
PAID BY CHECK DRAWN IN FAVOR OF PAYEE NAMED ABOVE			SIGNATURE		
CHECK NUMBER	AMOUNT OF CHECK	DATE OF CHECK	TYPED NAME AND TITLE		
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.					

CLAIM FOR UNPAID COMPENSATION OF DECEASED MEMBER OF THE UNIFORMED SERVICES

General Information: Any assistance deemed necessary for the proper execution of this form will be furnished to all claimants by the employing agency. Forward the completed form to the Government agency in which the deceased was employed at time of death.

Part A.

1. Name(s) and social security number(s) of claimant(s)	2. Relationship to deceased	3. If minor, state age
		4. Is designation of beneficiary for unpaid compensation on file with service? <div style="text-align: right;">_____</div> <div style="text-align: right;">(Yes or No)</div>
		5. Are you named beneficiary? <div style="text-align: right;">_____</div> <div style="text-align: right;">(Yes or No)</div>
6. Claimant(s) State of Legal Residence	7. Name, rank or rating, service number, and social security number of decedent	8. Date of Death
		9. Name of Service
		10. Decedent's domicile

Part B (To be completed by the widow or widower of the deceased only.) Do you certify that you were married to the decedent and to the best of your knowledge and belief that the marriage was not dissolved prior to his/her death?

WIDOW OR WIDOWER AND DESIGNATED BENEFICIARIES DO NOT FILL IN PART C. ALL OTHERS MUST.

Part C

1. List below the name, social security number, age, relationship, and address of:
 - (a) Widow or widower.
 - (b) If no widow or widower survives, list each living child of the deceased (include natural, adopted, illegitimate, and stepchildren and indicate after their names which class) or the descendants of deceased children.
 - (c) If no widow or widower, child or descendant of deceased children survives, list each surviving parent and state whether natural, step, foster, or adoptive parent.
 - (d) If none of the above survives, list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers and sisters).

[illegible]

(Continued on other side)

Standard Form 1174 (EG)
September 1992
4 GAO 26.1

(This form has been authorized for local reproduction.)

Part D

1. If none of the above survives and an executor or administrator has been appointed, the following statement should be completed:

I/we have been duly appointed _____ of the estate of the deceased, as evidenced by
 (Executor or administrator)
 certificate of appointment herewith, administration having been taken out in the interest of

 (Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

NOTE. -- If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be appointed? _____
 (Yes or No)

**DESIGNATED BENEFICIARY, SURVIVING SPOUSE, CHILDREN, PARENTS, OR LEGAL REPRESENTATIVES DO NOT
 FILL IN PART E. ALL OTHER MUST.**

Part E

Have the funeral expenses been paid? _____ (If paid, receipted bill of the undertaker must be attached hereto.)
 (Yes or No)

Whose money was used to pay the funeral expenses? _____

**FINES, PENALTIES, and FORFEITURES are imposed by law for the making of false or fraudulent
 claims against the United States or the making of false statements in connection therewith.**

 (Signature of claimant)

 (Date)

 (Signature of claimant)

 (Date)

 (Street address)

 (Street address)

 (City, State, and ZIP code)

 (City, State, and ZIP code)

TWO WITNESSES ARE REQUIRED

We certify that we are well acquainted with the above _____ and that
 (Name(s) of claimant(s))
 the signature(s) of the claimant(s) was (were) affixed in our presence.

 (Signature of witness)

 (Signature of witness)

 (Street address)

 (Street address)

 (City, State, and ZIP code)

 (City, State, and ZIP code)



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 under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, 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: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. 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. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)

SOCIAL SECURITY NO.

VA FILE NO.

C/CSS -

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

(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

ADDRESS

TELEPHONE NUMBERS (Include Area Code)

DAYTIME

EVENING

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.

Please read Privacy Act Statement and Agency Disclosure Notice prior to completing this form.

MARK HERE FOR GUARD OR RESERVE PRE-ELIGIBILITY <input type="checkbox"/>		APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION CARD DEERS ENROLLMENT										Form Approved OMB No. 0704-0020 Expires Jul 31, 2002						
SECTION I SPONSOR INFORMATION	1. NAME (Last, First, Middle)					2. SEX	3. SSN (or SN)			4. STATUS		5. BR OF SERVICE						
	6. PAY GRADE		7. RANK		8. GEN. CAT		9. TYPE OF CARD ISSUED			10. ID NO.		11. LAST UPDATE (YYYYMMDD)		12. V/I				
	13. CURRENT RESIDENCE ADDRESS							14. SUPPLEMENTAL ADDRESS INFORMATION										
	15. CITY				16. STATE		17. ZIP CODE			18. COUNTRY		19. UIC		20. HOME TELEPHONE NO. (Include Area Code)				
	21. DATE OF BIRTH (YYYYMMDD)			22. BLOOD TYPE		23. COLOR EYES		24. COLOR HAIR		25. HEIGHT		26. WEIGHT		27. MEDICARE		28. MARITAL STATUS		
	29. ELIG ST/MC EFF DATE (YYYYMMDD)			30. CARD EX/ELIG END DATE (YYYYMMDD)			31. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) MC MS C MWR EU EL						32. END ELIG REASON					
SECTION II DEPENDENT INFORMATION	33. NAME (Last, First, Middle)					34. SEX	35. RELATIONSHIP			36. SSN		37. ID NO.						
	38. LAST UPDATE (YYYYMMDD)			39. V/I		40. CURRENT RESIDENCE ADDRESS					41. SUPPLEMENTAL ADDRESS INFORMATION							
	42. CITY				43. STATE		44. ZIP CODE			45. COUNTRY		46. HOME TELEPHONE NO. (Include Area Code)		47. DATE OF BIRTH (YYYYMMDD)				
	48. MBI		49. STU		50. INCAP		51. MEDICARE		52. COLOR EYES		53. COLOR HAIR		54. HEIGHT		55. WEIGHT		56. MARITAL STATUS DATE (YYYYMMDD)	
	57. ELIG ST/MC EFF DATE (YYYYMMDD)			58. CARD EX/ELIG END DATE (YYYYMMDD)			59. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) MC MS C MWR EU EL						60. END ELIG REASON					
	61. NAME (Last, First, Middle)					62. SEX	63. RELATIONSHIP			64. SSN		65. ID NO.						
	66. LAST UPDATE (YYYYMMDD)			67. V/I		68. CURRENT RESIDENCE ADDRESS					69. SUPPLEMENTAL ADDRESS INFORMATION							
	70. CITY				71. STATE		72. ZIP CODE			73. COUNTRY		74. HOME TELEPHONE NO. (Include Area Code)		75. DATE OF BIRTH (YYYYMMDD)				
	76. MBI		77. STU		78. INCAP		79. MEDICARE		80. COLOR EYES		81. COLOR HAIR		82. HEIGHT		83. WEIGHT		84. MARITAL STATUS DATE (YYYYMMDD)	
	85. ELIG ST/MC EFF DATE (YYYYMMDD)			86. CARD EX/ELIG END DATE (YYYYMMDD)			87. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) MC MS C MWR EU EL						88. END ELIG REASON					
SECTION III SPONSOR DECLARATION AND REMARKS	89. REMARKS (Cite legal documentation, as applicable.)										NOTARY SIGNATURE AND SEAL							
	<p>SPONSOR'S DECLARATION: I hereby declare that the information furnished on this form is true and correct to the best of my knowledge and belief, and that I am not aware of any information which would disqualify the individual named herein from receiving the Uniformed Services Identification Card.</p> <p>(If not signed in the presence of the verifying official, the signature must be notarized.)</p>																	
	90. SIGNATURE										91. DATE SIGNED (YYYYMMDD)							
SECTION IV SPONSOR DECLARATION AND REMARKS	92. TYPED NAME (Last, First, Middle)					93. PAY GRADE		94. UNIT/COMMAND NAME										
	95. TITLE				96. UIC		97. DUTY PHONE NO.			98. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code)								
	99. SIGNATURE					100. DATE VERIFIED (YYYYMMDD)												
SECTION V ISSUED BY	101. TYPED NAME (Last, First, Middle)					102. PAY GRADE		103. UNIT/COMMAND NAME										
	104. TITLE				105. UIC		106. DUTY PHONE NO.			107. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code)								
	108. SIGNATURE					109. DATE ISSUED (YYYYMMDD)												
SECTION VI RECEIPT	RECEIPT OF NEW CARD IS ACKNOWLEDGED																	
	110. SIGNATURE										111. DATE ISSUED (YYYYMMDD)							

The 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 the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0020), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS.
RETURN COMPLETED FORM TO THE UNIFORMED SERVICE ID CARD ISSUING FACILITY.**

SECTION VII - PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. sections 1061 - 1065, 1072 - 1074, 1074a - 1074c, 1076, 1076a, 1077, 1095(k)(2), E.O. 9397.

PRINCIPAL PURPOSE(S): To apply for the Uniformed Services Identification Card and/or DEERS Enrollment.

ROUTINE USE(S): To appropriate business entities, individual providers of care, and others, on matters relating to claims adjudication, program abuse, utilization review, professional quality assurance, medical peer review, program integrity, third party liability, coordination of benefits, and civil and criminal litigation.

To the Department of Health and Human Services, the Department of Veterans Affairs, the Social Security Administration, and to other Federal, state, and local government agencies to identify individuals having benefit eligibility in another plan or program.

Applicant information is subject to computer matching within the Department of Defense or with other Federal or non-Federal agencies. Matching programs are conducted to assure that an individual eligible under a Federal program is not improperly receiving duplicate benefits from another program. A beneficiary or former beneficiary who has applied for privileges of a Federal Benefit Program and has received concurrent assistance under another plan will be subject to adjustment or recovery of any improper payments made or delinquent debts owed.

DISCLOSURE: Voluntary; however, failure to provide information may result in denial of a Uniformed Services Identification Card and/or non-enrollment in the Defense Enrollment Eligibility Reporting System. Failure to provide a beneficiary's Social Security Number renders that beneficiary ineligible for health care services in Military Treatment Facilities. However, emergency health care services will be provided to the extent furnished members of the general public.

SECTION VIII - CONDITIONS APPLICABLE TO SPONSOR OR APPLICANT

I understand that the actions of the recipient(s) of the "Uniformed Services Identification Card" issued as a result of this application are my responsibility insofar as proper use of the card for benefits and privileges authorized; i.e., medical and dental care, exchange, commissary, and morale, welfare, and recreation programs. I will cause the recipient to surrender the card immediately upon call to do so or when appropriate under applicable regulations, and will notify an agency designated to grant authorization for privileges and facilities in event of any change in status affecting a recipient's eligibility therefor.

I am aware that medical care furnished in uniformed services facilities is subject to availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his/her designee, as to

availability of space, facilities, and the capabilities of the medical staff shall be conclusive.

Reimbursement shall be required for any unauthorized medical and dental care furnished at government expense. Copies of regulations concerning eligibility requirements are available in the Service Personnel Offices.

By signing this document, the sponsor or applicant certifies that he/she is aware that eligibility for benefits under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) terminates for all beneficiaries, except spouses and children of active duty members, and certain disabled beneficiaries under 65, when the beneficiary becomes eligible for Medicare Part A, Hospital Insurance, through the Social Security Administration.

**PENALTY FOR PRESENTING FALSE CLAIMS OR MAKING FALSE STATEMENTS
IN CONNECTION WITH CLAIMS: FINE OF UP TO \$10,000 OR
IMPRISONMENT FOR UP TO FIVE YEARS OR BOTH.**

(ACT June 25, 1948, 18 U.S. Code 287, 1001)