



Survivor Assistance Guide

Retiree Activities Office (RAO) Benefits Advisors

* * *

Veterans of Foreign Wars (VFW) of the United States Service Officers



*Collaborating
for a
Common Cause!*



· July 1, 2011 ·

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DEPARTMENT OF DEFENSE
HEADQUARTERS, JOINT UNITED STATES MILITARY ADVISORY GROUP, THAILAND
APO AP 96546-5000

July 1, 2011

MEMORANDUM FOR RAO Benefits Advisors

VFW District 5, Department of Pacific Areas, Service Officers

FROM: HQ JUSMAG-THAI
Retiree Activities Office (RAO)
7 Sathorn Tai Rd.
Bangkok 10120

SUBJECT: Survivor Assistance Guide

1. We've made every attempt to make this guide comprehensive enough to help a volunteer RAO Benefits Advisor or VFW Service Officer provide survivor benefits assistance for the first time.
2. This unofficial publication is for guidance only. Don't be surprised if an application for a federal benefit is denied or delayed by requests for additional information. What's more, don't be surprised if an agency's response doesn't match the original request! Most importantly, don't give up if the application isn't approved, especially when you believe denial isn't justified.
3. As benefits criteria are revised, when newer versions of forms are published, and when online sources and/or contact information changes, we ask the sharp-eyed finder to update the team.
4. By functionality and familiarity, the RAO has traditionally been the central focal point for U.S. military retiree survivor assistance and record keeping in Thailand. While VFW Service Officers are certainly under no obligation to share information with us, we view survivor assistance as a collaborative team effort and ask that we be kept updated on case files--when consent is given by the individual (for Privacy Reasons and/or [Privacy Act of 1974](#)). We, of course, will do the same.
5. We included online sources for efficiency and accuracy as there are far too many dynamic details to include in this guide. We always welcome constructive inputs. *Thank you for serving!*

//SIGNED//

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*** SUMMARY OF CHANGES ***

▪ **Summary of Changes since last edition dated August 1, 2010.**

1. (Amended) Cover Page: Updated Email Address.
2. (Amended) Page II: Updated Email Address.
3. (Amended) Page III (this page).
4. (Amended) Page IV & V:
 - I-9: Added Addresses [38] [39] [40] for Major U.S. Credit Reporting Agencies.
 - L-13: Added Credit Reporting Agency Casualty Report. Former L-13 to L-16 Renumbered L-14 to L-17.
 - M-1: Added IRS W-7. Former M-1 to M-9 Renumbered M-2 to M-10.
5. (Amended) Page VI, Para 1: Clients Assisted. Para 5: Eligibility.
6. (Amended) Page VII, Para 5 (Bottom): Updated Source.
7. (Amended) Page XII, Line D-6: Added "Credit Reporting". Line Numbering Sequence Fixed.
8. (Amended) Page XIII: Updated Documents List.
9. (Amended) Page A-1: Updated Web Address (2).
10. (Amended) Page A-2: Updated Web Address (2). Updated Para 2: Source.
11. (Amended) Page A-3, Para 2: Added Source.
12. (Amended) Page A-8, Para 1-5: Rewritten. Former Para 1-5 Renumbered 1-3.
13. (Amended) Page A-9: Updated Web Sources.
14. (Amended) Page A-11: Added Web Addresses (3)(4)(5). Reworded Para 1-3.
15. (Amended) Page B-2: Added Document (2).
16. (Amended) Page B-3, Para 3: Updated Tax Information.
17. (Amended) Page B-4: Added Document (4). Deleted Para 2 & 3.
18. (Amended) Page B-6: Added Web Addresses (3). Reworded Para 1 & 2.
19. (Amended) Page B-8, Para 1: Updated Medicare Part B Enrollment.
20. (Amended) Page C-1: Updated Web Address URL.
21. (Amended) Page C-2: Title Changed. Updated Web Address (1). Added Web Address (2).
22. (Amended) Page C-4: Updated Contact Info. Added Web Address for TRICARE Overseas.
23. (Amended) Page D-2: Web Addresses [1][6][7]. Added Paragraph on Widow DoD ID Cards.
24. (Amended) Page D-4, Para 1, 2 and 3: Reworded.
25. (Amended) Page D-6: Added Para 3 and Address (2).
26. (Amended) Page E-2: Updated Para 1 and 2.
27. (Amended) Page E-3, Para 1: Contact Info. Added Web Address for TRICARE Overseas.
28. (Amended) Page F-1, Para 2 & 6: Added New USG Benefits Electronic Payment Policy.
29. (Amended) Page G-1: Added Form (4) IRS 1310.
30. (Amended) Page G-2, Para 2 & 3: Updated ITIN Application Process.
31. (Amended) Page H-1: Added New Para 2 (State DMV). Former Para 2 Renumbered to 3.
32. (Amended) Page I-1, 2: Updated Email Addresses [1] [2] [6] [7] and Web Addresses [6] [7].
33. (Added) Page I-9: Added Contact Information [38][39][40] (US Credit Reporting Agencies.)
34. (Amended) Page J-1: New Client Profile Example.
35. (Amended) Page K-2: Added IRS 1310.
36. (Amended) Page L-13: New Letter. Former L-13 to L-16 Renumbered L-14 to L-17.
37. (Amended) Page M-1: Added IRS W-7. Former M-1 to M-9 Renumbered M-2 to M-10.

*** Table of Contents ***

| CATEGORY | PAGE |
|---|-------------|
| Title | I |
| Cover Letter | II |
| Summary of Changes | III |
| Table of Contents | IV, V |
| Introduction | VI |
| Eligibility Criteria | VII |
| Basic Instructions for Assistance | VIII |
| Worksheet..... | IX, X |
| Checklist | XI, XII |
| Document List..... | XIII |

SECTIONS

A - DEPARTMENT OF VETERANS AFFAIRS (VA)

| | |
|---|------|
| · Accrued Benefits | A-1 |
| · Dependency & Indemnity Compensation (DIC) | A-2 |
| · Death Pension (DP) | A-3 |
| · Burial Expenses | A-4 |
| · Burial Flag (U.S.) | A-5 |
| · Burial Headstone or Marker | A-6 |
| · CHAMPVA | A-7 |
| · Claimant's Representative + Authorization to Disclose Information | A-8 |
| · Educational Assistance & School Attendance | A-9 |
| · Foreign Medical Program (FMP) | A-10 |
| · <u>One Sum</u> : Government Life Insurance (GLI) | A-11 |
| · Presidential Memorial Certificate..... | A-12 |

B - SOCIAL SECURITY ADMINISTRATION (SSA)

| | |
|---|-----|
| · Introduction | B-1 |
| · Apply for Widow's Benefits | B-2 |
| · Apply for Child's Benefits | B-3 |
| · Apply (Request) to be Child's Payee | B-4 |
| · Apply for Lump-Sum | B-5 |
| · Apply for SSN (Card) | B-6 |
| · Claimant's Representative | B-7 |
| · Enroll in Medicare Part B | B-8 |

C - DEPARTMENT OF DEFENSE (DoD)

| | |
|--|-----|
| · National Personnel Records Center (Military Personnel Records) | C-1 |
| · Arrears of Pay (DFAS) | C-2 |
| · Survivor Benefit Plan (SBP) | C-3 |
| · TRICARE | C-4 |
| · TRICARE Age 65+ | C-5 |

D - CASUALTY REPORTS

- Department of State (DoS) D-1
- Department of Defense (DoD) (4) D-2
 - DFAS, DEERS, NPRC (MPR) & Branch of Service
- Social Security Administration (SSA) D-3
- Department of Veterans Affairs (VA) (2)..... D-4, D-5
- Financial Institutions, Credit Cards, Credit Reporting Agencies D-6
- Insurance D-7
- Veterans Service Organization (VFW, DAV, etc.) D-8

E - JUSMAG-THAI

- U.S. Uniformed Services ID Card E-1
- Unit Mailroom (APO Box) E-2
- TRICARE Briefing E-3

F - DIRECT DEPOSIT / U.S. TREASURY CHECKS / USG DEBIT CARD

- Direct Deposit F-1
- U.S. Treasury Checks / USG MasterCard Debit Card F-2

G - INTERNAL REVENUE SERVICE (IRS)

- Income Tax Returns G-1
- Individual Taxpayer ID # (ITIN) G-2
- Withholding Allowance G-3

H - ADDITIONAL ACTIONS H-1**I - ADDRESSES I-1 to I-9****J - PROFILE PAGE (Example) J-1****K - FORMS LIST K-1, K-2****L - LETTERS (Templates)**

- Casualty to DoD (4) L-1 to L-8
- Casualty to SSA L-9
- Casualty to VA L-10
- Casualty to Financial Institutions L-11
- Casualty to Credit Cards L-12
- Casualty to Credit Reporting Agencies L-13
- Cash U.S. Treasury Check L-14
- Casualty to Insurance Company L-15
- VA Intent to Claim L-16
- Consent of NOK to Release Documents..... L-17

M - COMPLETED FORMS (Examples)

- IRS W-7, IRS W-8BEN..... M-1, M-2
- SF-180, SF-1174..... M-3, M-4
- SSA-8-F4, SSA-10-BK, SSA-11-BK, SSA-21..... M-5 to M-8
- VA 21-534, VA 21-2008..... M-9, M-10

N - GLOSSARY & ACRONYMS N-1, N-2

· Introduction to Survivor Assistance ·

1. The Chief, JUSMAG-THAI authorizes the RAO to provide assistance to U.S. Military Retirees (all branches of service) and Active Duty members about to retire, including eligible family members of the above. Herein, we use the term “Widow” in a non-gender specific way.
2. VFW Service Officers are charged with providing assistance to all 'Veterans' (retiree and non-retiree Veterans) and their dependents or eligible survivors. To be clear, there is no requirement that a Veteran be a member of the VFW to be assisted by a VFW Post Service Officer.
3. Survivor Preparation begins while the Veteran is still alive. Most survivors of military retirees and VFW comrades seem to be aware of the assistance provided by the RAO and VFW Service Officers--their spouses told them about this service and they come to the office noticeably prepared. Others say, “*Him tell me nothing*”. Then there are widows who are totally unaware of this aid and lose out on entitlement to Federal Benefits by not meeting application deadlines.
4. A Thai widow by social custom is unavailable for survivor assistance at least five days following the death of her husband--his cremation ceremony is her first priority. Therefore, survivor assistance begins with most widows anxious and fatigued, and unsure of future income.
5. Survivors need to be certain of their [eligibility](#) to receive an annuity from the US Government, therefore, **checking** their documents (“bona fides”) **ASAP** is critical. Can you envision preparing all the various applications only to learn the so-called widow didn't meet--or is unable to prove they meet--all eligibility criteria? How about the sponsor that didn't update [DEERS](#) (Defense Enrollment Eligibility Reporting System) upon remarriage? What about having to explain to a widow that her husband never actually served in the U.S. military even though he falsely claimed he did! Each of these scenarios continues to occur. Widows need to be briefed on their eligibility and that their annuities terminate only upon their death or remarriage (depending on age), and to also expect a long delay in receiving them (e.g. VA DIC award currently takes one year plus).
6. We recommend the widow bring in ALL of the decedent's records. A widow seldom knows about estate assets and benefits due survivors. Be advised, the initial meeting may take several hours. Sorting through a large stack of documents should be done slowly in order to not miss something vital. Lingual and cultural barriers also add a dimension of “slowness” to the effort.
7. VA survivor benefits have an application time limit on eligibility for payment. Unless a claim for DIC or DP is filed within one year from the date of the Veteran's death, that benefit is not payable from a date earlier than the date the claim is received by the VA ([VA 21-534](#)). It may be necessary to mail the application without complete documentation in order to meet a cutoff date. We included a form letter ([L-16](#)) to declare Intent to Claim that establishes an eligibility date.
8. The essential document is the decedent's DD-214 - Armed Forces of the U.S. Report of Transfer or Discharge. SSA and VA require this document to be certified. If a complete set of **certified** documents that cover all of the decedent's military service are not available, Mail or Fax an [SF-180 - Request Pertaining to Military Records](#) (or request online) **immediately** (average 90-day processing). If anything else is needed in addition to the DD-214s state the information and documents requested (e.g. proof of Vietnam Service on the ground), and the purpose for the request. Often, a cover letter defining ‘urgency’ will fast-track the request. Lastly, be sure to note the correct address to send the request (SF-180, pg 3).

*** Survivor Eligibility ***

Survivor may be eligible if:

1. The deceased Veteran was **discharged** from service under **other than dishonorable conditions, AND;**
2. The deceased Veteran **served at least 90 days** of active military service **1 day** of which was during a [war time period](#). If he or she entered active duty after September 7, 1980, generally he or she must have served at least 24 months or the full period for which called or ordered to active duty. (There are exceptions to this rule.) **AND;**
3. You are the surviving spouse or unmarried child (under 18; in school and under 23, or; was incapable of self-support before the age of 18) of the deceased veteran, **AND;**
4. Marriage must have been over one year; or widow with a child by the veteran; or be pregnant by the veteran. Web: <http://cfr.vlex.com/vid/3-54-marriage-dates-19774098>.
5. Your [countable income](#) is below a [yearly limit](#) set by law (Congress).

Source: <http://www.vba.va.gov/bln/21/pension/spousepen.htm>.

1. **Death of Member Retired for Length of Service or by Medical Discharge.** Sponsor's U.S. Uniformed Services (USUS) Identification Card (DD-2); or [DD-214](#) (Certificate of Release or Discharge from Active Duty); or name on Retirement Orders. Before January 1, 1950, several similar forms (to the DD-214) were used by the military services. On a final note, most retirees are DoD, but there are also some U.S. Coast Guard retirees in Thailand.

2. **Department of Veterans Affairs (VA) Totally Service-Connected Disabled Permanent.** Sponsor's USUS ID Card (DD-1173 or DD-2765), or VA Letter of Award.

3. **VA Eligible Veteran.** Deceased Veteran was **discharged** from service under **other than dishonorable conditions** and **served at least 90 days** of active military service **1 day** of which was during a [war time period](#). Identified by information on the Veteran's DD-214. **Note:** The one-day war time period requirement is the most likely **not** met.

4. **Social Security Entitled Worker.** Entitlement by paying the Federal Insurance Contributions Act (FICA) Tax for 40 periods (ten years). Today, all military retiring for length of service are Social Security [Administration] (SSA) entitled workers. **Note:** Veterans residing overseas may not have employment to be FICA taxed for the minimum 40 periods.

Military Service and Social Security: <http://www.ssa.gov/pubs/10017.html>.

5. Normally, **a survivor's marriage to the sponsor must be deemed "valid"**. The principle of a "Common Law" or "De Facto" marriage is NOT recognized under Thai law: http://thailaws.com/law/t_laws/TCCC-book5.pdf (Sections 1457 & 1458).

6. **Member of the United States Uniformed Services (USUS) Active Duty Death.**

Active Duty personnel usually conduct initial survivor assistance; then RAO or VFW assists.

*** Basic Instructions for Survivor Assistance ***

1. Initial survivor assistance is only the beginning. We recommend establishing suspense dates, and if there's no return correspondence, send one or more follow-up letters/emails/phone calls, etc. Presume the letter and/or application never reached the addressee, or correspondence was misplaced. It's not unusual to need several follow-ups, or to wait over six months for a reply.
 2. Record each action on the Survivor's Client Profile Page or in other database.
 3. Forms links and Example Letters are located in Sections **K** and **L**. Example letters are just that, examples. Feel free to use your own format.
 4. **Decedent's USUS ID Card (DD-2, DD-1173, DD-2765)**. Machine-readable, holographic USUS ID Cards must be destroyed by cutting ([AFI 36-3026](#), para 11.3). Please contact the RAO before destroying a recovered USUS Card. (Recommend photocopy before destroying.)
 5. Survivors must sign their name in English cursive. However, many Thai survivors are unable to do so, and instead, print their name, or even worse, "X" in the signature block. "Printed" or "X" signatures must be **witnessed** by a **signed** statement--normally requires two witnesses. Failure to witness a printed signature results in the application being returned for **signature**. (If possible *make* the widow sign in cursive at least one time--widows will literally "copy" their signature, slowly and deliberately, once they have "their" signature to refer to.)
 6. The U.S. Embassy Consular Section (Bangkok and Chiang Mai) provide a "**Certification**" service **free of charge** for documents submitted with applications for U.S. Federal Benefits--all Thai language documents first require **Certified** English Translation. "**Certifications**" use a unique stamp, and differ from "Notarizations" (Notary Stamps/Seals are fee-based). This distinction often confuses applicants who straight away say, "*Embassy too expensive! Why I have to pay more money!?*" (Note: JUSMAG has a U.S. Army Notary Stamp, not a "Seal".)
- Bangkok: <http://bangkok.usembassy.gov/service/federal-benefits-and-taxes.html>.
- Chiang Mai: <http://chiangmai.usconsulate.gov/service/u.s.-federal-benefit-information.html>.
7. As survivor assistance progresses we continue to encourage more and more surviving spouses to use Fax and Email services when feasible to avoid unnecessary travel time and expense. **Example:** Why travel three hours or more by bus or train to Bangkok just to ask us to review a document or piece of correspondence they don't fully understand? This long-awaited process improvement has been a huge time-saving win-win for all.
 8. To finish, the RAO is normally very busy between the hours of 0930-1230, notably during the first half of the month when widows roll in with pay problems. Pay problems typically are due to expired DoD ID Cards (SBP) and/or not returning eligibility forms to DFAS, SSA or VA. Also, mail received outside of the APO system is subject to "loss", thus, we highly encourage claimants to sign-up ASAP for **Direct Deposit through Bangkok Bank (Fees)**: Khun Kanchana, Tel: 02-230-1323 or Khun Supatra, Tel: 02-230-1326 / Email: pongchan.pra@bbl.co.th.
 9. Bottom-line ... Do what works best for you (!)

· **Survivor Assistance Worksheet** ·

Date: _____

· **Survivor:** _____
(Last Name) (First Name) (Middle Name)

SSN / ITIN _____ DOB: _____ Maiden: _____

US Citizen? _____ 5-Yr (SSA)? _____ SBP? _____ GLI? _____

Tel: _____ Email: _____

Date of Marriage: _____ Place of Marriage: _____

Monthly Income: _____ Source: _____

Monthly Income: _____ Source: _____

Stocks, Bonds, IRAs: _____

Property (Not House): _____

Property (Other): _____

POC: _____ Tel: _____ Email: _____

***** Sponsor *****

· **Sponsor:** _____
(Last Name) (First Name) (Middle Name)

(Branch of Service / Rank / Ret or Vet) (SSN)

Service Number: _____ Combat Svc + Dates: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Cause of Death: _____

Date and Place of Funeral/Cremation: _____

Date Enlisted/Commissioned: _____ Place: _____

Date of Discharge: _____ Place of Discharge: _____

· Survivor Assistance Worksheet ·

· Children's Names and Ages ... If under 18, include SSN ·

Name: _____ DOB: _____ SSN _____

Citizenship: _____ Natural/Step/Adopted: _____

Name: _____ DOB: _____ SSN _____

Citizenship: _____ Natural/Step/Adopted: _____

Name: _____ DOB: _____ SSN _____

Citizenship: _____ Natural/Step/Adopted: _____

· Previous Spouse(s) ·

#1

Name (First-Middle-Maiden): _____

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____ Place of Marriage: _____

Date of Divorce: _____ Place of Divorce: _____

Date if Marriage Ended by Death: _____ Former Spouse Alive? _____

#2

Name (First-Middle-Maiden): _____

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____ Place of Marriage: _____

Date of Divorce: _____ Place of Divorce: _____

Date if Marriage Ended by Death: _____ Former Spouse Alive? _____

Remarks:

· **Survivor Assistance Checklist** ·

Name:

| SECTIONS | A/R ... Action Required | | | |
|---|-------------------------|------------|----------------|------------------|
| | <u>N/A</u> | <u>A/R</u> | <u>Started</u> | <u>Completed</u> |
| A - DEPARTMENT OF VETERANS AFFAIRS | | | | |
| · Accrued Benefits A-1 | [] | [] | _____ | _____ |
| · Death Pension..... A-2 | [] | [] | _____ | _____ |
| · Dependency & Indemnity Comp. (DIC)... A-3 | [] | [] | _____ | _____ |
| · Burial Expenses A-4 | [] | [] | _____ | _____ |
| · Burial Flag (U.S.) A-5 | [] | [] | _____ | _____ |
| · Burial Headstone or Marker A-6 | [] | [] | _____ | _____ |
| · CHAMPVA A-7 | [] | [] | _____ | _____ |
| · Claimant's Representative + Disclosure....A-8 | [] | [] | _____ | _____ |
| · Educational Assistance & School Attend .. A-9 | [] | [] | _____ | _____ |
| · Foreign Medical Program (FMP) A-10 | [] | [] | _____ | _____ |
| · <u>One Sum</u> : Government Life Insurance ... A-11 | [] | [] | _____ | _____ |
| · Presidential Memorial Certificate..... A-12 | [] | [] | _____ | _____ |
| <hr/> | | | | |
| B - SOCIAL SECURITY ADMINISTRATION | | | | |
| · Introduction B-1 | ----- | | | |
| · Apply for Widow's Benefits B-2 | [] | [] | _____ | _____ |
| · Apply for Child's Benefits B-3 | [] | [] | _____ | _____ |
| · Apply (Request) to be Child's Payee B-4 | [] | [] | _____ | _____ |
| · Apply for Lump-Sum B-5 | [] | [] | _____ | _____ |
| · Apply for SSN (Card) B-6 | [] | [] | _____ | _____ |
| · Claimant's Representative A-8 | [] | [] | _____ | _____ |
| · Enroll in Medicare Part B B-8 | | | | |
| Section C - TRICARE Age 65+ | | | | |
| <hr/> | | | | |
| C - DEPARTMENT OF DEFENSE | | | | |
| · Military Personnel Records (NPRC) C-1 | [] | [] | _____ | _____ |
| · Arrears of Pay (DFAS) C-2 | [] | [] | _____ | _____ |
| · Survivor Benefit Plan (SBP) C-3 | [] | [] | _____ | _____ |
| · TRICARE C-4 | [] | [] | _____ | _____ |
| · TRICARE Age 65+ C-5 | [] | [] | _____ | _____ |

· Survivor Assistance Checklist ·

Name:

| D - CASUALTY REPORTS | <u>N/A</u> | <u>A/R</u> | <u>Started</u> | <u>Completed</u> |
|--|-------------------|-------------------|-----------------------|-------------------------|
| · Department of State (DoS) D-1 | [] | [] | _____ | _____ |
| · Department of Defense (DoD) (4) D-2 | [] | [] | _____ | _____ |
| · DFAS, DEERS, NPRC (MPR) & Branch of Service | ---- | ----- | ----- | ----- |
| · Social Security Administration (SSA) D-3 | [] | [] | _____ | _____ |
| · Department of Veterans Affairs (VA) (2) . D-4, 5 | [] | [] | _____ | _____ |
| · Financial Institutions D-6 | [] | [] | _____ | _____ |
| · Credit Cards & Credit Reporting D-6 | [] | [] | _____ | _____ |
| · Insurance D-7 | [] | [] | _____ | _____ |
| · Veterans Service Org (DAV, VFW, etc.) . D-8 | [] | [] | _____ | _____ |

| E - JUSMAG-THAI | <u>N/A</u> | <u>A/R</u> | <u>Started</u> | <u>Completed</u> |
|---|-------------------|-------------------|-----------------------|-------------------------|
| · U.S. Uniformed Services ID Card E-1 | [] | [] | _____ | _____ |
| · Unit Mailroom (APO Box) E-2 | [] | [] | _____ | _____ |
| · TRICARE Briefing E-3 | [] | [] | _____ | _____ |

| F - DEPARTMENT OF THE TREASURY | <u>N/A</u> | <u>A/R</u> | <u>Started</u> | <u>Completed</u> |
|---|-------------------|-------------------|-----------------------|-------------------------|
| · Direct Deposit F-1 | [] | [] | _____ | _____ |
| · U.S. Treasury Checks / USG Debit Card ..F-2 | [] | [] | _____ | _____ |

| G - INTERNAL REVENUE SERVICE | <u>N/A</u> | <u>A/R</u> | <u>Started</u> | <u>Completed</u> |
|---|-------------------|-------------------|-----------------------|-------------------------|
| · Income Tax Returns G-1 | [] | [] | _____ | _____ |
| · Individual Taxpayer ID # (ITIN) G-2 | [] | [] | _____ | _____ |
| · Withholding Allowance G-3 | [] | [] | _____ | _____ |

| H - ADDITIONAL ACTIONS | <u>N/A</u> | <u>A/R</u> | <u>Started</u> | <u>Completed</u> |
|--|-------------------|-------------------|-----------------------|-------------------------|
| · Associations and State DMV H-1 | [] | [] | _____ | _____ |
| · Letters Requested by Survivor..... H-1 | [] | [] | _____ | _____ |

• Documents List •

- DD-214s
แบบฟอร์ม DD-214s
- U.S. Military ID Card
บัตรประจำตัวข้าราชการทหารอเมริกัน
- U.S. Naturalization Certificate
ใบรับรองสัญชาติอเมริกัน
- U.S. Green Card
เอกสารอนุญาตให้อาศัยในสหรัฐอเมริกา
- U.S. Social Security Card
บัตรประกันสังคมอเมริกัน
- Thai ID Card
บัตรประจำตัวประชาชน
- Thai Passport (+ U.S. Passport)
หนังสือเดินทางของประเทศไทยและสหรัฐอเมริกา
- Marriage Certificate (+ English)
ใบทะเบียนสมรส(ภาษาอังกฤษ)
- Divorce Certificate (+ English) (Both)
กรณีหย่า นำมาทั้งทะเบียนสมรสและใบหย่า(ภาษาอังกฤษ)
- Birth Certificate - Wife (+ English)
ใบเกิดของภรรยา (ภาษาอังกฤษ)
- Birth Certificate - Children (+ English)
ใบเกิดของบุตร (ภาษาอังกฤษ)
- Adoption Papers
เอกสารการรับเลี้ยงบุตรบุญธรรม
- Drivers License
เอกสารประกันภัย
- Insurance Documents
เอกสารประกันภัย
- Bank Statements / Documents
รายการเงินฝากถอนในบัญชีเงินฝาก
- Stocks & Bonds Statements
ใบหุ้นทุน หุ้นกู้ หรือพันธบัตร
- Retiree Account Statement
รายการเงินฝากถอนในบัญชีเกษียณอายุ
- Veterans Affairs (VA) Documents
เอกสารทหารผ่านศึก
- Wills / Powers of Attorney
พินัยกรรม / หนังสือมอบอำนาจ
- Income Tax Records
เอกสารบันทึกการเสียภาษีเงินได้
- Safe Deposit Box
ตู้รับภัยของธนาคาร
- Copies of Deeds / Mortgages
เอกสารโฉนดหรือเอกสารจำนองอสังหาริมทรัพย์
- Outstanding Debts
หนี้คงค้างที่ยังต้องชำระ
- Association Membership(s)
เป็นสมาชิกของสมาคม
- Magazines/Newspapers
เป็นสมาชิกนิตยสาร/หนังสือพิมพ์

*** Department of Veterans Affairs (VA) ***

SECTION - A

Accrued Benefits

- Action:** Claim Accrued Benefits.
- Form:** (1) [VA 21-534](#) - Application for Dependency Indemnity Compensation (DIC), Death Pension (DP), or Accrued Benefits.
[OR] (NOT TYPICALLY)
(2) [VA 21-601](#) - Application for DIC, DP, or Accrued Benefits.
- Web:** (1) www.warms.vba.va.gov/regs/38CFR/BOOKB/PART3/S3_1000.doc
(2) www.benefits.va.gov/WARMS/docs/admin21/m21_1/mr/part8/ch02/ch02.doc
- Address:** VA Foreign Claims [16].
- Document:** DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)
-

1. Any money VA owes the veteran but did not pay prior to his/her death (accrued benefits). A claim for accrued benefits must be filed within one year from the date of death of the deceased beneficiary.
2. Accrued benefits are benefits that were due the beneficiary at the time of death but not paid prior to death. Entitlement to accrued benefits is determined according to the line of succession established by law.
3. A deceased veteran's surviving spouse, child, or dependent parent, should apply for death benefits, including accrued benefits, using [VA 21-534](#) - Application for DIC, DP and Accrued Benefits by a Surviving Spouse or Child (Including Death Compensation if applicable) **or** [VA 21-535](#) - Application for Dependency.
4. When the deceased beneficiary is a **Veteran**, accrued is payable:
 - In full to the surviving spouse, **or**
 - In equal shares to the veteran's children (see definition of "child" below), **or**
 - In equal shares to the veteran's parents if they are dependent upon the veteran at the date of the veteran's death, **or**
 - In full to the sole surviving parent, if he/she is dependent upon the veteran at the date of the veteran's death.
5. When the deceased beneficiary is a **Surviving Spouse**, accrued is payable:
 - In equal shares to the veteran's children.
 - **Child** means an unmarried child of the veteran who is under 18 years of age, or at least 18 but under 23 years of age and pursuing an approved course of education, or became incapable of self support prior to reaching age 18.

*** Department of Veterans Affairs (VA) ***

SECTION - A

Improved Death Pension (DP)

Action: Unremarried Surviving Spouse or Unmarried Child of an Eligible Veteran.

Form: [VA 21-534](#) - Application for VA DIC and/or DP.

Web: (1) <http://www.vba.va.gov/bln/21/pension/spousepen.htm>
(2) http://www.va.gov/opa/publications/benefits_book/benefits_chap12.asp

Address: VA Foreign Claims [16].

Document: (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)
(2) DD-214 or Equivalent Military Service Record; Certified.
(3) Dependency Certificates: Marriage, Divorce, Birth, Adoption, etc.
(Note: Military Record *must* be Certified; other documents can be copies.)

*See web link for full **Death Pension** criteria.* (Note: **DP is offset by Social Security**)

1. The [Death Pension](#) (aka Improved Death Pension) (**offset by SSA**) is paid to an unremarried surviving spouse or child under 18 (18-23 if in school), of an eligible veteran (see page [VII](#)).

2. Death Pension is a needs-based benefit paid to an unremarried surviving spouse, or an unmarried child of a deceased wartime veteran. The unremarried surviving spouse must be in need, that is without an income or property that can create an income. The gross SSA benefit amount prior to the tax reduction offsets the Death Pension. If the net, after-tax, benefit amount from SSA is less than DP, **DO NOT APPLY!**

SSA Offset: http://www.va.gov/opa/publications/benefits_book/benefits_chap12.asp

3. Marriage must have been over one year; or widow with veteran's child; or be pregnant by the veteran: <http://cfr.vlex.com/vid/3-54-marriage-dates-19774098>.

4. Unless a claim for DIC or DP is filed within one year from the date of the Veteran's death, that benefit is not payable from a date earlier than the date the claim is received in the VA.

5. "X" or Printed Signatures require two witnesses.

*** Department of Veterans Affairs (VA) ***

SECTION - A

Dependency & Indemnity Compensation (DIC)

Action: Unremarried Surviving Spouse or Unmarried Child of an Eligible Veteran.

Form: [VA 21-534](#) - Application for VA DIC and/or DP.

Web: (1) <http://www.vba.va.gov/bln/dependents/dic.doc>
 (2) <http://tinyurl.com/2urcx8l> (SBP Offset by DIC: Defense.gov)

Address: VA Foreign Claims [16].

Document: (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
 (Or: Thai Death Certificate with Certified English Translation.)
 (2) DD-214 or Equivalent Military Service Record; Certified.
 (3) Dependency Certificates: Marriage, Divorce, Birth, Adoption, etc.
 (Note: Military Record *must* be Certified; other documents can be copies.)

See web links for full DIC criteria. (Note: **DIC offsets SBP.**)

1. **DIC** (Offsets SBP; parents/children not offset) **is paid to survivors if one of the following:**
 - (1) Member died on active duty, active duty training, or inactive duty training.
 - (2) Veteran died of a disease or injury incurred or aggravated while on active duty.
 - (3) Veteran was totally service-connected disabled continuously for a period of 10 or more year's immediately preceding death; or a veteran was so rated for a period of at least five years immediately preceding death or; for at least one year before death if the veteran was a former prisoner of war who died after September 30, 1999.
2. Marriage over one year; or widow with Veteran's child; or be pregnant by the Veteran ([source](#)).
3. Veterans exposed to [Agent Orange](#) on the ground in Vietnam during 1962-1975: Their death can be presumptive service-connected if it was from several forms of cancer, diabetes or heart disease. For types of cancer not considered VA-presumptive, medical evidence must show the cancer resulted from exposure to dioxins. Exposure to depleted uranium and ionizing radiation during service may also be considered service-connected.
Web: (1) <http://www.vba.va.gov/bln/21/Benefits/Herbicide/index.htm>.
 (2) <http://www.publichealth.va.gov/exposures/agentorange/diseases.asp>
4. **Gulf War Veteran's Illnesses - Infectious Diseases:** (Presumptive Service-Connected)
http://www.publichealth.va.gov/exposures/gulfwar/infectious_diseases.asp
5. Unless a claim for DIC or DP is filed within one year from the date of the Veteran's death, that benefit is not payable from a date earlier than the date the claim is received in the VA.
6. "X" or Printed Signatures require two witnesses.

*** Department of Veterans Affairs (VA) ***

SECTION - A

Application for Burial Expenses

- Action:** (1) For Deceased Veterans Who Died of a Service-Connected Cause.
(2) For Deceased Veterans Who Died of a Non-Service-Connected Cause.
- Form:** [VA 21-530](#) - Application for Burial Benefits.
- Web:** (1) <http://www.cem.va.gov/bbene/benvba.asp>
(2) http://www.vba.va.gov/VBA/benefits/factsheets/burials/Burialeg_0508.doc
- Address:** VA Foreign Claims [16].
- Documents:** (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)
(2) DD-214 or Equivalent Military Service Record; Certified.
(3) VA Letter of Award of Disability Rating.

-
1. The VA burial allowance is up to \$2,000 if the veteran's death is service-connected.
 2. The VA will pay a \$300 Burial and Funeral Expense for veterans who were entitled to receive a (VA) pension or compensation. This is for a non-service-connected death case.
 3. The VA will pay a \$300 Plot Allowance if the veteran has a service-connected disability.
 4. In the U.S., the agency providing the service and cemetery for plot expense submits this application. Outside of the U.S., the person who paid the expenses may submit the application.
 5. In a foreign country the receipt for providing burial services often may not be more than a 'Thank you' for a donation. An **itemized** and **detailed** accounting for services provided must be in the receipt. Furthermore, the VA may not consider all of the services listed to be burial expenses, such as feeding monks. In fact, the VA will only reimburse for services you were "legally required" to pay for. Donations are not a legal requirement. Also, keep in mind that many insurance policies have a burial allowance benefit.
 6. See Instructions with [VA 21-530](#).

*** Department of Veterans Affairs (VA) ***

SECTION - A

U.S. Burial Flag

- Action:** For the Primary Next of Kin of an Eligible Veteran.
- Form:** [VA 21-2008](#) - Application for Burial Flag.
- Web:** <http://www.cem.va.gov/bbene/bflags.asp>
- Address:** U.S. Embassy, American Citizen Services (ACS) [4] or [5].
(1) <http://bangkok.usembassy.gov/service.html>
(2) <http://chiangmai.usconsulate.gov/service.html>
- Document:** (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)
(2) DD-214 or Equivalent Military Service Record; Certified.
-

1. American Citizen Services, Consular Section, has Burial Flags and takes the application.
2. To receive a flag in time to cover the casket at the burial ceremony, it requires a visit to the Consular Section to submit the application. If possible, inform the widow to request the flag when she reports his death at the Consular Section (the widow must be able to prove her husband was a Veteran). The Consular Section will **not** position a flag prior to a Veteran's death. If possible, each VFW Post should obtain one to keep on hand.
3. The flag, after being draped on the casket, is folded and presented to the Widow or Primary Next of Kin.

*** Department of Veterans Affairs (VA) ***

SECTION - A

Application for Headstone or Marker

- Action:** Grave Site for Eligible Veteran.
- Form:** [VA 40-1330](#) - Application for Headstone or Marker.
New Instructions: <http://www.cem.va.gov/hm/hmform.asp>
- Web:** http://www.cem.va.gov/hm_hm.asp
- Address:** VA Memorial Programs Service [17].
- Document:** (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)
(2) DD-214 or Equivalent Military Service Record; Certified.

1. Ensure the information provided is accurate. There's no way to adjust the information carved on a headstone or cast on a marker. If the block for an upright marble headstone is filled in, and not for a flat bronze marker, a headstone will arrive. That mistake's been made-- just ask the original RAO director.

2. The VA will ship a headstone or marker to most foreign addresses on [VA 40-1330](#). Quote: **"Most overseas cases go to the address they put on their 1330, except Philippines..."** (Email from VA dated August 25, 2009, 7:43 PM).

3. If a headstone or marker is shipped to an APO Box, be prepared to help arrange for subsequent shipment. Headstones and markers are HEAVY. A full-size headstone cannot be shipped through the APO system. If in doubt, contact the Air Force Post Office (APO) in the Old U.S. Embassy Compound (Bangkok): Telephone: 02-205-5646.

4. If there's a "memorial" gravesite for an MIA veteran, a headstone or marker may be requested. If the ashes are in a wall at a Wat, a small-sized marker may be requested.

5. If ashes are scattered, the VA will not provide a headstone or marker. A gravesite address is a **must**.

*** Department of Veterans Affairs (VA) ***

SECTION - A

CHAMPVA (Medical Benefits)

- Action:** (1) Survivors of a Veteran VA Rated 100% Permanently & Totally Disabled for a Service-Connected Disability.
(2) Veterans Who Died from a VA Rated Service-Connected Disability.
(3) Veterans Rated Permanently & Totally Disabled for a Service-Connected Disability use CHAMPVA to claim medical expenses for family members.
- Form:** (1) [VA 10-10d](#) - Application for CHAMPVA Benefits.
(2) [VA 10-7959c](#) - CHAMPVA Other Health Insurance Certification
- Web:** (1) <http://www.va.gov/hac/forbeneficiaries/champva/champva.asp>
(2) http://www.va.gov/opa/publications/benefits_book/benefits_chap11.asp
- Address:** VA Health Administration Center [22].
- Document:** See CHAMPVA Handbook & Application Form.
<http://www.va.gov/hac/forbeneficiaries/champva/handbook/chandbook.pdf>
-

1. To be eligible for CHAMPVA, you cannot be eligible for TRICARE/CHAMPUS and you must be in one of these categories:

- The spouse or child of a veteran who has been rated Permanently and Totally Disabled for a service-connected disability by a VA Regional Office.
- The surviving spouse or child of a veteran who died from a VA-rated service-connected disability.
- The surviving spouse or child of a veteran who was at the time death rated permanently and totally disabled from a service-connected disability.
- The surviving spouse or child of a military member who died in the line of duty, not due to misconduct (in most of these cases, these family members are eligible for TRICARE, not CHAMPVA).

2. Rated veterans (see above) use CHAMPVA to claim medical expenses for family members.

3. As stated above, family members eligible for CHAMPVA cannot also be TRICARE eligible. However, military retirees are both TRICARE and VA health care eligible.

*** Department of Veterans Affairs (VA) ***

SECTION - A

**Appointment of Veterans Service Organization (VSO) or
Individual as Claimant's Representative (RAO / VFW PSO)**

&

Authorization to Disclose Personal Information to a Third Party

Action: Retiree Activities Office (RAO) Benefits Advisor or Veterans Service Organization to be Appointed as the Claimant's Representative.

Form: (1) [VA 21-22](#) - Appointment of Veterans Service Officer.*
(2) [VA 21-22a](#) - Appointment of Individual.
(3) [VA 21-0845](#) - Authorization to Disclose Information (Third Party).

Web: <http://www.va.gov/VSO/>

Address: VA Foreign Claims [16].

Document: N/A

1. In practice, RAO staff no longer use [VA 21-22a](#) for appointment as Claimant Representative for the reason being that the VA permits only a single Claimant Representative appointment on record at a time, and the RAO feels a claimant would best be served by a VSO being appointed, if needed. That being said, RAO staff use [VA 21-0845](#) so as to at least be authorized and able to receive information from the VA.

2. If desired, VFW Service Officers in District V, Department of Pacific Areas may of course use [VA 21-22a](#) - Appointment of Individual. This form is helpful when the claimant resides a long distance away or has travel problems. Moreover, the VFW (for example) is recognized by the Department of Veterans Affairs to prepare and prosecute claims under the laws administered by the Department of Veterans Affairs. If a claim does go appellate then VFW Post Service Officers submit a [VA 21-22](#) for a VSO being that a Post Service Officer cannot represent before an appeals board.

3. Use [VA 21-0845](#) if a claimant wishes to give the VA permission to release their personal beneficiary or claim information to a third party--such as to RAO staff or a VFW Post Service Officer. In reality, it wouldn't make much sense for a claimant to ask RAO staff or a VFW Post Service Officer for assistance, but then not want to give authorization.

*** Department of Veterans Affairs (VA) ***

SECTION - A

**Application for Survivor's & Dependent's Educational Assistance
Request for Approval for School Attendance**

Action: Claim Educational Benefits for Veteran's Children (over age 18) or Spouse.

Form: (1) [VA 22-5490](#) - Application for Educational Assistance.
(2) [VA 21-674](#) - Request for Approval for School Attendance.

Web: (1) <http://www.gibill.va.gov/>
(2) <http://www.gibill.va.gov/post-911/other-programs/dea.html>
(3) http://www.gibill.va.gov/pamphlets/CH35/CH35_Pamphlet.pdf
(4) http://www.gibill.va.gov/School_Info/os_trngs.htm (Foreign School)

Address: VA Foreign Claims [16].

Document: N/A. However, expect the same as for a DIC Claim.

• [Survivors' and Dependents' Educational Assistance Program \(DEA\)](#) •

1. Survivor must be the Son, Daughter, or Spouse of:
 - Veteran who died or is permanently and totally disabled as the result of a service-connected disability. The disability must arise out of active service in the Armed Forces.
 - Veteran who died from any cause while such service-connected disability was in existence.
 - Servicemember missing in action or captured in line of duty by a hostile force.
 - Servicemember forcibly detained or interned in line of duty by a foreign government or power.
 - Servicemember who is hospitalized or receiving outpatient treatment for a service connected permanent and total disability and is likely to be discharged for that disability. This change is effective December 23, 2006.
2. If you are a son or daughter and wish to receive benefits for attending school or job training, you must be between the ages of 18 and 26. In certain instances, it is possible to begin before age 18 and to continue after age 26. Marriage is not a bar to this benefit. If you are in the Armed Forces, you may not receive this benefit while on active duty. To pursue training after military service, your discharge must not be under dishonorable conditions. VA can extend your period of eligibility by the number of months and days equal to the time spent on active duty. This extension cannot generally go beyond your 31st birthday; there are some exceptions.
3. If you are a spouse, benefits end 10 years from the date VA finds you eligible or from the date of death of the veteran. If the VA rated the veteran Permanently and Totally Disabled with an effective date of 3 years from discharge, a spouse will remain eligible for 20 years from the effective date of the rating. This change is effective October 10, 2008 and no benefits may be paid for any training taken prior to that date.
4. For surviving spouses (spouses of servicemembers who died on active duty) benefits end 20 years from the date of death.

*** Department of Veterans Affairs (VA) ***

SECTION - A

Foreign Medical Program (FMP)

Action: Deceased was an Eligible Veteran with Expenses for the Deceased's VA Rated Service-Connected Condition.

Form: (1) [VA 10-7959f-1](#) - Foreign Medical Program Registration Form.
(2) [VA 10-7959f-2](#) - Claim Cover Sheet - Foreign Medical Program.

Web: <http://www.va.gov/hac/forbeneficiaries/fmp/fmp.asp>

Address: VA Foreign Medical Program [21].

Documents: Health Provider's Information with Signature for Diagnosis, Description of Service, Itemized Charges and Dates. Full Information on Requirements is in the FMP Handbook:
<http://www.va.gov/HAC/forbeneficiaries/fmp/handbook/FMP-Handbook-121009web.pdf>

-
1. A veteran with a VA rated service-connected disability should have mailed a [Registration Form](#) to FMP. If not registered, a claim can still be submitted, but there will be a delay incurred by the VA's processing.
 2. Please note that a claim can only be made for expenses for the veteran's service-connected condition. Being rated totally or 100% disabled does not mean the VA will accept an entire claim; only for the rated disability.
 3. Often, the FMP authorization letter will not spell out all the secondary conditions which they will pay for.
 4. Sometimes, a deceased veteran is deemed Agent Orange presumptive service-connected after death and a claim can be filed, plus DIC goes into effect. A 2-year time frame is normal, but is waivable by FMP.

*** Department of Veterans Affairs (VA) ***

SECTION - A

VA Life Insurance

Action: Survivor's of an Eligible Veteran.

Form: (1) [VA 29-4125](#) - Claim for One Sum Payment (GLI).
(2) [SGLV-8283](#) - Claim for Death Benefits (SGLI-VGLI).

Web: (1) Life Insurance: <http://www.insurance.va.gov/miscellaneous/index.htm>
(2) SGLI-VGLI: <http://www.insurance.va.gov/sgliSite/default.htm>
(3) Other VA Life Insurance: <http://www.insurance.va.gov/gli/default.htm>
(4) VA Life Insurance Programs: <http://www.insurance.va.gov/gli/general/select.htm>
(5) VGLI History: <http://www.insurance.va.gov/sgliSite/handbook/handbookch1.htm>

Address: See Applicable Form.

Document: (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)
(2) DD-214 or Equivalent Military Service Record; Certified.

1. If no policy or other VA life insurance related information is found in the deceased's papers, submitting claims for both GLI and VGLI may be appropriate. A veteran's date of discharge, and if the veteran is VA service-connected disabled (para 2 below), helps to ascertain if a particular VA Life Insurance policy may be in force.

· Life Insurance Programs (except VGLI): <http://www.insurance.va.gov/gli/general/select.htm>

· The [Veterans' Group Life Insurance \(VGLI\)](#) program was created by Public Law 93-289, The Veterans Insurance Act of 1974. The law was enacted May 24, 1974, and was effective August 12, 1974. It allowed Veterans, upon separation, to convert their SGLI to a 5-year non-renewable term policy called VGLI. Public Law 102-568, effective December 1, 1992. ... also provided that VGLI in effect on or after December 1, 1992, is renewable.

2. If the deceased veteran was service-connected disabled by the VA, it's possible the veteran may have in effect [Service Disabled Veterans Insurance](#) (S-DVI), or [Supplemental Service-Disabled Insurance \(SRH\)](#). Use [VA 29-4125](#) (GLI) to claim.

3. As with all life insurance, a beneficiary must be named and premiums currently paid (unless there's a paid-up clause), or no action can be taken. When in doubt, submit a claim.

*** Department of Veterans Affairs (VA) ***

SECTION - A

Application for Presidential Memorial Certificate

- Action:** Presidential Memorial Certificate for Eligible Veteran.
- Form:** [VA 40-0247](#) - Presidential Memorial Certificate Request.
- Web:** <http://www.cem.va.gov/pmc.asp>
- Address:** VA Presidential Memorial Certificates [18].
- Document:** (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)
(2) DD-214 or Equivalent Military Service Record; Certified.

-
1. Eligible recipients include the Next of Kin and loved ones of honorably discharged deceased Veterans. More than one certificate may be provided.
 2. Please be sure to enclose a copy of the Veteran's discharge and death certificate to verify eligibility, as the VA cannot process any request without proof of honorable military service. Please submit copies only, as the VA will not return original documents.

*** Social Security Administration (SSA) ***

SECTION - B

Introduction

1. The deceased is known by the SSA as the “**Wage Earner**” or “**Worker**.” The widow is known as the “**Applicant**.” A widow may also be entitled to a dual benefit (see page [B-2](#)).
2. Today, most veterans are entitled workers due to their military service since 1958, and also by being employed and paying the Federal Insurance Contributions Act (FICA) Tax to the SSA for the mandatory forty periods (ten years total). Make the presumption they’re entitled to SSA retirement benefits and that their survivors also have entitlement.
3. The Lump-Sum Death Payment of \$255 is paid to a spouse or child with no restriction on age, citizenship, or residency. It is not taxed as income. Always apply.
4. The deceased should have been aware and applied for benefits for his wife and children when they had eligibility. It’s not uncommon to find a widow and/or surviving children with SSA payment eligibility, and the wage earner never applied. You may help them to apply. Biological children of military retirees and veterans are U.S. citizens, and therefore, can be paid SSA benefits in Thailand (see Section “[B-4](#)” Child’s Payee). If the widow is a U.S. citizen, she can also be paid in Thailand. Alien widows residing in the U.S. can be paid SSA benefits.
5. If the widow is not a U.S. citizen and resides in Thailand, she may be *eligible* for benefits. HOWEVER, she will not be paid unless she meets the “five-year residency test,” whereby she lived in the U.S. with the worker for a total of five years. There are two exceptions to the residency test: (1) You were initially eligible for monthly benefits before January 1, 1985, or; (2) You are entitled on the record of a worker who died while in the U.S. military service or as a result of a service-connected disease or injury. <http://www.socialsecurity.gov/pubs/10137.html#additional>
6. SSA requires all photocopies of documents to be certified. The Consular Section [[4](#)] or [[5](#)] certifies without a fee if you inform them it’s for an application for SSA benefits. Note: All original documents in Thai language must be translated by certified translators. However, legalization of English translations and Thai documents are no longer required by S SA. <http://bangkok.usembassy.gov/service/federal-benefits-and-taxes.html>
7. The SSA Listing of Proofs ([SSA-9 INST](#)) lists documents needed to apply for SSA benefits. Moreover, SSA likes to conduct telephone interviews, which for lingual reasons, is frequently not possible with a Thai applicant. (Some example applications: See [M-5](#) to [M-8](#).)
8. A Thai citizen spouse of a worker may need a Social Security Number (SSN) to receive SSA benefits. Children of a U.S. citizen do need an SSN--if needed, use [Form SS-5-FS](#) with the mother as the applicant.
9. If there has never been a *Report of Birth of a United States Citizen Abroad* issued for the child and the child is under age 18, have the mother apply at the Consular Section. The child also needs a U.S. passport. (<http://bangkok.usembassy.gov/service/birth-of-a-u.s.-citizen-in-thailand.html>).

* Social Security Administration (SSA) *

SECTION - B

Widow's SSA Insurance Benefits

Action: Surviving Spouse of an Entitled Worker at Age 60 (Age 50 if Disabled).

Form: (1) [CIS](#) - Claimant Information Sheet (Email, Fax, or Mail to SSA first).
(2) [SSA-10-BK](#) - Application for Widow's SSA Insurance Benefits.
(Technically, this form is obsolete, however, SSA often asks for it.)
(3) [SSA-21](#) - Supplement to Claim of Person Outside the U.S.

Web: (1) <http://www.ssa.gov/online/ssa-10.html>
(2) <http://www.ssa.gov/pubs/10084.html>
(3) <http://www.ssa.gov/pubs/10127.html#15>

Address: SSA Manila, PI [26].

Document: (1) See the SSA Introduction on page B-1 and [SSA-9 Listing of Proofs](#).
Note: If no Birth Certificate, visit Amphur at Place of Birth, or visit Thai Census Registration in Bangkok [37].
(2) DD-214 or Equivalent Military Service Record; Certified.

Note: The VA's Death Pension currently is Offset by Social Security:
http://www.va.gov/opa/publications/benefits_book/benefits_chap11.asp

1. Apply at age 60 (age 50 if disabled). Widows who previously worked in the U.S. may also be eligible to receive SSA based on their own earnings record. If this is the case, the widow may apply at age 62 (based on her own earnings record). SSA refers to this as a dual benefit.

2. See the SSA Introduction on page B-1 for information on the applicant's citizenship and on the following extract from the SSA pamphlet for information on **Additional Residency Requirements:** <http://www.socialsecurity.gov/pubs/10137.html#additional>.

3. If there's a possibility the survivor may travel to reside in the United States, file. Eligibility for SSA benefits will result in the widow being paid as a United States resident after the first full month of residency in the United States.

4. For a non-resident alien survivor in Thailand SSA benefits are taxed at an effective rate of 25.5% and the tax is nonrefundable. For a U.S. citizen survivor it's possible SSA benefits are taxable if there are additional incomes.

Source: http://www.ssa.gov/OP_Home/handbook/handbook.01/handbook-0125.html.

5. Determine the net amount of the SSA benefit **before** applying for the SSA annuity. Remember, the SSA benefit amount prior to tax reduction is the amount that offsets the VA's Death Pension. If the net amount paid to a Thai citizen residing in Thailand is less than the VA amount, **DO NOT APPLY!**

*** Social Security Administration (SSA) ***

SECTION - B

Child's SSA Insurance Benefits

- Action:** Child of an Entitled Worker.
(Normally under age 18, see application form for exceptions.)
- Form:** (1) [CIS](#) - Claimant Information Sheet (Email, Fax, or Mail to SSA first).
(2) [SSA-21](#) - Supplement to Claim of Person Outside of United States.
(3) [SSA-11-BK](#) - Request to be Selected as Payee.
- Web:** (1) <http://www.ssa.gov/online/ssa-4.html>
(2) <http://www.socialsecurity.gov/pubs/10085.html>
- Address:** SSA Manila, PI [26].
- Document:** Child's Certified Birth Document (with Certified English Translation, if in Thai) showing SSA Entitled Parent; with additional documentation for a Child's Parent.

-
1. This application is normally mailed with the mother's application for SSA benefits, even if it's only for the SSA Lump-Sum. The mother is the applicant and almost all of the supporting documents are with the mother's claim. The U.S. Embassy *Report of Birth of a United States Citizen Abroad* is the best birth document. If the child is under age 18 (under age 19 if still in High School) they may still apply. Hopefully, the father obtained a Social Security Number for the child; if not, the surviving parent must do so now.
 2. The child's mother needn't be the person selected as payee, but the mother typically is the payee. The father needn't be receiving SSA payments, only be entitled to receive them.
 3. Since the Veteran is almost always a U.S. citizen, the veteran's biological [child](#) is a U.S. citizen and usually there is no IRS tax to pay, but sometimes may be [taxed](#).

*** Social Security Administration (SSA) ***

SECTION - B

Request to be Selected as Child's Representative Payee

- Action:** Guardian of a U.S. Citizen Child of a Deceased Worker.
- Form:** [SSA-11-BK](#) - Request to be Selected as Representative Payee.
- Web:** <http://www.ssa.gov/online/ssa-4.html>
- Address:** SSA Manila, PI [26].
- Document:**
- (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)
 - (2) Relationship of the Representative Payee to the Worker.
 - (3) Relationship of Child to the Representative Payee.
 - (4) DD-214 or Equivalent Military Service Record; Certified.

1. The Representative Payee typically is the child's surviving parent (which is usually the mother), but that isn't mandatory. The payee does not have to be SSA entitled, although she is normally entitled as the widow of an entitled worker (the deceased).

*** Social Security Administration (SSA) ***

SECTION - B

Lump-Sum Death Payment

- Action:** Family Members of Survivors of an SSA Entitled Worker.
- Form:** (1) [CIS](#) - Claimant Information Sheet (Email, Fax, or Mail to SSA first).
(2) [SSA-8-F4](#) - Lump-Sum Death Payment.
(This form is obsolete; however, SSA still accepts it.)
(3) [SSA-21](#) - Supplement to Claim of Person Outside the U.S.
(SSA Manila often asks for this form in addition to the SSA-8-F4.)
- Web:** <http://www.ssa.gov/online/ssa-8.html>
- Address:** SSA Manila, PI [26].
- Document:** (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)
(2) DD-214 or Equivalent Military Service Record; Certified.
(3) Birth Certificate or other Proof of Birth.
Note: If no Birth Certificate, visit Amphur at Place of Birth, or visit Thai Census Registration in Bangkok [37].
(4) Naturalization Papers.
(5) W-2 Forms(s) and/or Self-Employment Tax Returns for Last Year.
(6) Relationship to Deceased.
(7) Relationship of Child to the Payee.
(8) How Prior Marriages Ended.

-
1. ALL survivors of a U.S. citizen should apply, as with very few exceptions, the deceased are SSA entitled. A lso, by applying for this payment, the applicant applies for all SSA benefits for which they're eligible.
 2. The Lump-Sum currently is \$255. Thai Citizens have received payment in Thailand and no tax has been deducted by Thailand or the U.S.
 3. The application must be filed within two years after the death of the wage earner.
 4. Documentation of prior marriages is required.
 5. The applicant does not have to be age 60 to apply; however, SSA requests documentation of **Date of Birth**.

*** Social Security Administration (SSA) ***

SECTION - B

Social Security Number (SSN)

- Action:** (1) U.S. Citizen Survivor with No Social Security Number.
(2) Non-U.S. Citizen Survivor needing a Social Security Number.
- Form:** [SS-5-FS](#) - Application for a Social Security Card.
- Web:** (1) <http://www.ssa.gov/online/ss-5fs.html>
(2) New Rules: <http://www.ssa.gov/pubs/10120.html>
(3) SSN for Non-Citizens: <http://www.socialsecurity.gov/pubs/10096.html>
- Address:** SSA Manila, PI [26].
- Document:** Evidence of Age, Identity, and U.S. Citizenship.
(See pages 3 and 4 of application form.)
Note: If no Birth Certificate, visit Amphur at Place of Birth, or visit Thai Census Registration in Bangkok [37].
-

1. The Veteran parent of a child should have applied, however, some neglect to do so. This means the surviving parent needs to apply.

2. **What if I need a number for other reasons?** If you are not authorized by DHS to work in the United States, you can get a Social Security number only if you can prove you need it for a valid non-work reason. That might happen, for example, if a state or federal law requires you to have a Social Security number to obtain benefits to which you have already established entitlement. Source: <http://www.socialsecurity.gov/pubs/10096.html#6>.

*** Social Security Administration (SSA) ***

SECTION - B

Appointment of Representative

Action: Individual Appointed as the Claimant's Representative.

Form: [SSA-1696-U4](#) - Appointment of Representative.

Web: <http://www.ssa.gov/representation/>

Address: SSA Manila, PI [26]

Document: N/A

-
1. A claimant may appoint a qualified individual to represent him or her in doing business with Social Security. The appointment must be in writing and must be filed with SSA.
 2. If the claimant appoints a representative, the representative generally cannot charge or collect a fee for those services without first getting written approval from the Social Security Administration, even if the claim is denied. To get this approval, the representative must use one of [Social Security's fee authorization processes](#).
 3. This form is very helpful when the claimant resides up-country or has travel problems.

*** Social Security Administration (SSA) ***

SECTION - B

Enrollment in Medicare Part B for TRICARE Eligibility

- Action:** For a Widow Age 65+ of a Military Retiree Entitled to Medicare Part A.
- Form:** (1) [CIS](#) - Claimant Information Sheet (Email, Fax, or Mail to SSA first).
(2) [CMS-40B](#) - Application for Enrollment in Medicare.
(This form is obsolete; however, SSA still accepts it.)
(3) [SSA-10-BK](#) & [SSA-21](#) may also be required (see “Document” below).
- Web:** (1) <http://www.ssa.gov/online/ssa-10.html>
(2) <http://tinyurl.com/25c5mhw> (TRICARE.mil)
- Address:** SSA Manila, PI [26].
- Document:** (1) If Receiving SSA Payments: None.
(2) If Not Receiving SSA Payments, Must Apply for SSA Benefits as a Widow. See Section “B-2” on Applying.

1. Enroll 90 days prior to applicant’s 65th Birthday; or 120 days if birthday is on the 1st of the month. May enroll by telephone or by Form [CMS-40B](#) (obsolete, but still accepted). You may also email SSA Manila: FBU.manila@ssa.gov and tell them that you want to apply-- SSA Manila will then advise you accordingly. TRICARE & Medicare Part B: <http://www.tricare.mil/mybenefit/home/overview/Eligibility/WhoIsEligible?kw=Medicare+Beneficiaries>.

2. See Department of Defense Section “C-5”, TRICARE at Age 65+.

*** Department of Defense (DoD) ***

SECTION - C

Military Records

- Action:** For Deceased without Certified Copies of Military Records.
- Form:** (1) [SF-180](#) - Request Pertaining to Military Records.
[OR]
(2) Consent of Next of Kin to Release Documents (Section “L-17”).
- Web:** <http://www.archives.gov/veterans/military-service-records/>
- Address:** National Personnel Records Center (NPRC) [8] (see Para 1 below).
- Document:** (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)
(2) Copies of any Military Records to Help NPRC locate the Deceased’s Records.
(3) Photocopy of Military ID Card (DD-2) if retired.

1. Request military records online, or Fax or Mail a completed [SF-180](#) to the correct address listed on Page 3 of the [SF-180](#). Strongly recommend the documents be sent directly to the RAO or VFW Service Officer--be **highly suspicious** of anyone who doesn’t want to do that. The Mr. A*****n case is a prime example--he posed as a highly-decorated Vietnam Veteran, but never served.

2. The release of military records is restricted by DoD regulations and other Federal laws. A request by the Next of Kin of the deceased is normally fulfilled. It can take up to 90 days to receive a response. The more information provided the better the chance for the NPRC (etc.) to locate records. The NPRC experienced a catastrophic fire and records were destroyed, mostly Army. The NPRC continues to attempt to reconstruct lost files.

3. SSA and VA require records to be certified, so always request certification. Help the NPRC (etc.) by providing the information and documents needed, and purpose for the request.

4. The authorized requester can request the documents be mailed to any designated person. If the requester’s address is in doubt or is unable to read the documents, the reply address can (*should*) be the Retiree Activities Office, or a VFW Service Officer. Use the form: ***Consent of the Next of Kin to Release Information and Documents***. If the RAO or VFW Service Officer receives the documents, providing assistance can be immediate.

*** Department of Defense (DoD) ***

SECTION - C

Claim for Arrears of Pay

- Action:** For Survivor of Deceased Receiving Retirement Pay from DFAS to Claim Arrears of Pay.
- Form:** (1) [SF-1174](#) - Claim for Unpaid Compensation of Deceased Member of the Uniformed Services.
(2) [DFAS-CL 5840/26](#) - Affidavit of Citizenship.
- Web:** (1) <http://www.dfas.mil/dfas/retiredmilitary/survivors/Retiree-death.html>
(2) <http://www.dfas.mil/dfas/retiredmilitary/provide/aop.html>
- Address:** DFAS - U.S. Military Retirement Pay [6].
- Document:** (1) See Retired Account Statement for Information on the Person Named Beneficiary to Receive Pay.
(2) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)
[If Not Named Beneficiary, also include]
(3) Proof of Relationship or DoD ID Card (DD-1173).

1. DFAS is usually slow in processing this claim, and also now requires claimants to provide a Social Security Number or an IRS [Individual Taxpayer Identification Number](#) (ITIN).
2. See the backside of the Retiree Account Statement to find if the deceased elected a beneficiary. If none selected, a family member by order of relationship can claim.
3. A family member can claim the deceased's retired pay for the days that the military retiree was alive during the month of death and any month prior to death if a check has not been cashed. Uncashed checks must be voided and returned to DFAS Military Retirement Pay. If no check(s) can be found, DFAS will mail the claimant a letter with a form and instructions. If pay is via the Direct Deposit System, the bank must be instructed to return the deposited pay to DFAS: Bangkok Bank: Khun Kanchana, Tel: 02-230-1323 / Email: pongchan.pra@bbl.co.th.
4. **Caution**, the question in Part B must **not** be overlooked; the answer must be "Yes." Two witnesses to the claim must sign the form. Neither can be a claimant.
5. Go to [MyPay](#) and request a new PIN be sent to the address of record. With the new PIN and account access you can often find insurance premiums being paid, sometimes NOK, beneficiary of pay in arrears, and SBP designee. Further, if a former spouse is drawing a percentage that info will also be on the form. Other info such as 1099s, CRSC/CDRP, tax withheld, allotments, etc., can be a goldmine for assistance.

*** Department of Defense (DoD) ***

SECTION - C

Survivor Benefit Plan (SBP)

- Action:** For Survivor's Named in the Retiree Account Statement (RAS) as being SBP Covered. (No SBP election is also listed.)
- Form:**
- (1) [DD 2656-7](#) - Verification for Survivor Annuity.
(If Claimant is not a US Citizen or National to Prevent Foreign Tax Withholding.)
 - (2) [IRS W-8BEN](#) - Foreign Status for Tax Withholding.
(If Claimant is a US Citizen or National to have Possible Withholding for Federal Income Tax.) Instructions: <http://www.irs.gov/pub/irs-pdf/iw8ben.pdf>
 - (3) [IRS W-4P](#) - Withholding Certificate for Pension/Annuity Payments.
- Web:**
- (1) <http://comptroller.defense.gov/fmr/07b/index.html>
 - (2) <http://militarypay.defense.gov/survivor/sbp/>
 - (3) <http://www.dfas.mil/dfas/retiredmilitary/provide/sbp.html>
 - (4) <http://www.dfas.mil/dfas/retiredmilitary/provide/sbp/educate.html>
(SBP Offset by DIC)
- Address:** DFAS - U.S. Military Annuitant Pay [7].
- Document:** DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)

See web links for full SBP criteria. **(Note: SBP is offset by DIC, with [one exception](#):** “To receive concurrent SBP and DIC payments, the annuitant must not only be eligible for both, but the DIC entitlement must be a result of a remarriage after the age of 57.”)

1. Information on Survivor Benefit Plan coverage is in the RAS. The RAS indicates coverage for spouse, child, and/or former spouse, and annuity amount. No SBP coverage is also listed.
2. DFAS typically mails the first payment quickly, but may deduct Foreign Tax for Aliens in the first month or two. The Annuitant Account Statement shows the annuity amount, and tax, if any.
3. For a Thai National or Citizen, no Foreign Tax should be deducted ([Thai-U.S. Double Tax Treaty](#)). This tax deduction can be recovered when the widow files [IRS 1040](#) or [IRS 1040A](#) for the year of the retiree's death, or an [IRS 1040NR](#), if a year later.
4. For a U.S. Citizen or National an SBP annuity is fully IRS taxed income. An annuitant may pre-pay this tax. Check the IRS standard deduction plus exemption amount to see if tax is due.
5. Some military retirees have mistakenly continued to pay SBP premiums for a divorced spouse (no court order involved) or a deceased spouse. These premiums are refundable:
• [DoD 7000.14-R, Vol 7B, Ch 45 - SBP Premiums](#) (Death 450504; Divorce 450505; Table 45-4).

*** Department of Defense (DoD) ***

SECTION - C

TRICARE - Under Age 65

Action: Benefits Explanation for a Widow under Age 65 of a Military Retiree.

1. See Section “E-3”, JUSMAG-THAI for basic TRICARE Information. Have the Survivor contact the TRICARE office directly for an **Appointment**.

TRICARE Pacific Health Benefits Advisor - Thailand

JUSMAG-THAI
TRICARE Services, Room J-202
7 Sathorn Tai Road
Bangkok 10120 Thailand

Office Fax: 02-287-1575
Web: <http://www.jusmagthai.com/medical.html>
Web: <http://www.tricare-overseas.com/>
Web: <http://www.tricare.mil>

Nurse Tiphida Suwannadhat
CM, TRICARE Services, Representative
Tel: 02-287-1036 Ext. 512
Email: nursetida.th@jusmagthai.org

Survivors should make an **appointment** for assistance since sorting a complexity of medical bills usually takes quite a bit of time.

Retiree Client Service Hours: Tuesday-Wednesday-Thursday: 0800-1100.

(Walk-ins limited to 20 minutes.)

*** Department of Defense (DoD) ***

SECTION - C

TRICARE at Age 65+

- Action:** For a Widow Age 65+ of a Military Retiree Entitled to Medicare Part A.
- Form:**
- (1) [CIS](#) - Claimant Information Sheet (Email, Fax, or Mail to SSA first).
 - (2) [CMS-40B](#) - Application for Enrollment in Medicare.
(This form is obsolete; however, SSA still accepts it.)
 - (3) [SSA-10-BK](#) & [SSA-21](#) may also be required (see “Document” below).
- Web:**
- (1) <http://tinyurl.com/25c5mhw> (TRICARE.mil)
 - (2) <http://www.ssa.gov/mediinfo.htm>
 - (3) <http://www.medicare.gov/>
 - (4) <http://www.medicare.gov/publications/pubs/pdf/10050.pdf>
- Address:** SSA Manila, PI [26].
- Document:** If Not Receiving SSA Payments, Must Apply for SSA Benefits as a Widow. See Page “B-2” for Applying.

1. At age 65 the widow of a military retiree loses TRICARE Standard when she becomes entitled to Medicare Part A as the spouse of an SSA entitled worker. She must then enroll in Medicare Part B and start paying the premiums to have TRICARE For Life benefits. Please also see “B-8”.

2. Widows age 65+ receiving SSA payments normally have Part B premiums deducted from their monthly payments. Widows age 65+ not receiving SSA payments, and enrolled in Medicare Part B, are paying premiums out of their own pocket.

3. Widows over age 65 and not enrolled in Part B can enroll during the open period of January, February, and March each year. There is a late enrollment penalty of 10% added to the premium for each late 12 months of enrollment. The standard premium for most new enrollees during 2010 is \$110.50. Actual standard premium may be higher, based on income.

• Medicare Part B Premiums: <http://www.medicare.gov/Publications/Pubs/pdf/11444.pdf>.

4. There is also a possibility that the Part B premiums for the spouse of a military retiree are being deducted from his SSA payments. This requires they now be deducted from her SSA payments or she makes arrangements to pay out-of-pocket.

5. A widow of an SSA entitled military retiree over age 65 and not enrolled in Medicare Part B is not entitled to TRICARE.

6. The Regional SSA Office, Manila, PI [26] helpfully answers questions on Medicare Part B.

*** Casualty Report ***

SECTION - D

Department of State (DoS)

- Action:** All United States Citizen Deaths in a Foreign Country.
- Form:** DS-2060 - Report of the Death of an American Citizen Abroad.
- Web:** (1) <http://www.state.gov/documents/organization/86583.pdf>
(2) <http://bangkok.usembassy.gov/service/death-of-a-us-citizen.html>
- Address:** U.S. Embassy, Consular Section [4] or [5].
- Document:** (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)
(2) Deceased's Passport.

-
1. Send Casualty Reports (letters) as soon as a DS-2060 is available.
 2. The widow or representative of the deceased must report the death of a United States Citizen **in** Thailand to the Consular Section in Bangkok or in Chiang Mai as soon as possible. The Thai Death Certificate with Certified English Translation is used to prepare the DoS Report called the "**Report of the Death of an American Citizen Abroad**" (Form DS-2060). The Consul needs the deceased's biographical information to complete the report. The deceased's passport needs to be hole-punched to be deviated.
 3. The DS-2060 is mailed to SSA, VA, and the deceased's State of Birth. The DS-2060 has an embossed seal to prove its originality.
 4. Note: DoS' action should terminate the mailing of SSA and VA annuity checks.

*** Casualty Report ***

SECTION - D

Department of Defense (DoD) - (4) Agencies

- Action:** All U.S. Uniformed Service Members Registered at DFAS for Length of Service or Medical Discharge, and for Members of the U.S. Coast Guard
- Form:** Example Letters in Sections “L-1 to L-8” to:
DFAS, DEERS, NPRC (MPR) & Member’s Branch of Service.
- Web:**
- (1) DFAS: <http://www.dfas.mil/dfas/retiredmilitary/survivors/Retiree-death.html>
 - (2) DEERS: <https://www.dmdc.osd.mil/appj/deerswebsite/home.do>
 - (3) NPRC: <http://www.archives.gov/veterans/>
 - (4) U.S. Army: <http://tinyurl.com/mrpv22>
 - (5) U.S. Navy: <http://www.npc.navy.mil/CommandSupport/CasualtyAssistance/>
 - (6) U.S. Air Force: <http://www.afpc.af.mil/library/casualty.asp>
 - (7) U.S. Marine Corps: <http://tinyurl.com/3f5573o>
 - (8) U.S. Coast Guard: <http://www.uscg.mil/ppc/RAS/SurvivorGuide.pdf>
- Address:**
- (1) DFAS - U.S. Military Retirement Pay [6].
 - (2) NPRC (MPR) [8].
 - (3) USA [11], USN [12], USAF [13], USMC [14], and USCG [15].
 - (4) DEERS [9].
- Document:**
- (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)
 - (2) Photocopy of DoD ID Card (DD Form 2).

1. The deceased’s DD-214(s) contains most, if not all, of the military-specific data required.
2. The example letters in Sections L-1 to L-8 presume the deceased was a Retiree. For Veterans, change the details accordingly, such as Separation Date versus Retirement Date. The same applies to a DS-2060 versus a Thai Death Certificate with Certified English Translation.
3. The letter to DFAS informs DFAS to stop military pay and also removes the deceased’s name from the Retired Address Finder (RAF). The Retiree’s final DD-214 shows retired status.
4. A surviving spouse of a military retiree will need a new DoD ID Card that shows their husband’s status as being deceased. In t his case, DEERS will be updated by the DoD ID Card issuing facility (in Thailand it’s JUSMAG-THAI), and a Casualty Letter to DEERS won’t be necessary--unless there’s a long delay in obtaining a new DoD ID Card.
5. **Note:** When a widow receiving benefits has passed away, as applicable, contact DFAS [7], VA [16], SSA [26] (Receiving Benefits and/or Paying for Medicare Part B), Financial Institution(s) and Insurance Company(s). If the widow had been issued a DoD ID Card also notify JUSMAG-THAI DEERS/ID Card Section, Telephone: 02-287-1036 Ext. 180.

*** Casualty Report ***

SECTION - D

Social Security Administration (SSA)

- Action:** Persons Receiving Social Security Insurance Payments.
- Form:** Example Email Letter in Section “L-9” - Report of SSA Casualty.
- Web:** (1) <http://www.ssa.gov/pubs/10008.html>
(2) <http://www.ssa.gov/pubs/10008.pdf>
- Address:** SSA Manila, PI [26].
- Document:** DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)
-

1. Report the casualty of a worker or family member of a worker receiving SSA insurance payments.
2. Email this report to the SSA Office, Manila, PI as soon as the death is documented. The form email letter has the information for SSA to stop sending payments.
3. Mail the DS-2060 or certified copy of the Thai Death Certificate (with Certified English Translation) to SSA Manila.
4. The email letter also starts SSA acting on providing a survivor with application actions.

*** Casualty Report ***

SECTION - D

Department of Veterans Affairs (VA)

- Action:** Veterans Receiving Compensation and/or Pension.
- Form:** Example Letter in Section “[L-10](#)” - Report of Veteran Casualty.
- Web:** N/A
- Address:** VA Foreign Claims [[16](#)].
- Document:** DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)

-
1. Submit this report to the VA to ensure the VA knows of the death and that there may be a survivor who will claim benefits. It’s important the VA knows of the death if Disability Compensation and/or Pension payments are being made.
 2. In the letter, add the survivor’s “Intent to Claim” VA benefits (if that is the intent).
 3. Use this report to also Report the Death of a Family Member of a Military Retiree/Veteran receiving a VA Pension.

*** Casualty Report ***

SECTION - D

Department of Veterans Affairs (VA)

- Action:** Intent to Claim Benefits (aka Informal Claim).
- Form:** Example Letter in Section “[L-16](#)” - Intent to Claim VA Benefits.
- Web:** N/A
- Address:** VA Foreign Claims [[16](#)].
- Document:** DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)

-
1. Used by Military Retiree/Veteran Survivors to establish a Claim Date in order to not lose benefits by the late mailing of an application, since almost all survivors are potentially eligible for VA Benefits.
 2. Unless a claim for DIC or DP is filed within one year from the date of the Veteran's death, that benefit is not payable from a date earlier than the date the claim is received by the VA.

*** Casualty Report ***

SECTION - D

Financial Institutions, Credit Cards, Credit Reporting Agencies

- Action:** Financial Account Statements and/or Credit Cards in the Deceased's Files.
- Form:** Example Letters in Sections "L-11, L-12, and L-13".
- Web:** N/A
- Address:** (1) On the Financial Account Statement or Backside of Credit Card.
(2) Three Major U.S. Credit Reporting Agencies [38] [39] [40].
- Document:** (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)
(2) Photocopy of Statement or Card.

-
1. Immediate action is needed to close or suspend the account, even if it's joint, and request it to be activated by the survivor.
 2. The survivor should not commit to providing any information other than what's minimally needed to report the death and request disposition of the account.
 3. To help prevent "Deceased Identity Theft" also notify the three major U.S. credit reporting agencies: Equifax, Experian, and Trans Union.

Notes:

- (1) Look for the depositing of annuities by the Direct Deposit System in the account. Look for premium payments to insurance policies or investment accounts.
- (2) Give instructions to have any deposits made after death to be returned to the source.
- (3) If an account statement is found, but no card found, the possibility exists the card is being used illegally.

*** Casualty Report ***

SECTION - D

Commercial Insurance

| | |
|------------------|---|
| Action: | Policy in Deceased's Files. |
| Form: | Example Letter in Section "L-15", or; Form Attached to Policy. |
| Web: | N/A |
| Address: | In the Policy. |
| Document: | DoS Report of the Death of an American Citizen Abroad (DS-2060). (<u>Or</u> : Thai Death Certificate with Certified English Translation.) |

-
1. Request instructions and forms to claim the proceeds. Some policies have forms included.
 2. **Note:** Too many times the insurance document is for a lapsed policy.

*** Casualty Report ***

SECTION - D

Veterans of Foreign Wars (VFW) Departed Comrade Report

1. VFW Departed Comrade Report to Chaplin, Department of Pacific Areas.
2. The Post Chaplain is responsible for reporting a Departed Comrade.

*** HQ JUSMAG-THAI ***

SECTION - E

New U.S. Uniformed Services Identification & Privilege Card

Action: Surviving Spouse and Child of Retired U.S. Uniformed Services Member or of U.S. Veteran Rated 100% Permanently and Totally Disabled by the VA.

Form: DD-1172 - Application for USUS ID Card & DEERS Enrollment.
(Obtain and accomplish at JUSMAG.)

Web: (1) <http://www.defenselink.mil/releases/release.aspx?releaseid=1706>
(2) http://www.e-publishing.af.mil/shared/media/epubs/AFI%2036-3026V1_IP.pdf

Address: HQ JUSMAG-THAI - Administrative Section (Room E-206) [1].

Document: (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with Certified English Translation.)
(2) U.S. Uniformed Services ID Card: DD-1173 or DD-2765.
[IF NO CARD]
(3) Relationship Proof by Certificate of Marriage, Birth (Natural or Step), or Adoption, Proof of Age by ID Cards, Passports, etc. (Certified English Translation, if in Thai).
(4) Two (2) Gov't-issued Photo IDs showing Date of Birth and Signature.

1. Eligible family members of a deceased active duty or retired member will be issued a new United States Uniformed Services (USUS) ID Card (DD Form 1173). The ID card replaces the card issued prior to the sponsor's death. The ID card will show the sponsor's service, that the member was on active duty (ACT) or retired (RET), and that he/she is deceased (DEC).

2. Eligible family members of a Veteran who was rated 100% Permanently and Totally Disabled by the VA will also be issued new USUS ID Cards (DD-1173).

3. If the survivors have current USUS ID Cards, only a DS-2060 or Death Certificate with certified English translation, and one other government-issued photo ID are needed.

4. If the sponsor never acted to have USUS ID Cards issued, documentation is required to prove Relationship, Date of Birth, and two (2) government-issued photo IDs (Thai and/or U.S.) to establish identity.

5. HQ JUSMAG-THAI issues ID Cards on Tuesday, Wednesday, and Thursday, 0800 to 1100. Tel: 02-287-1036 Ext. 180. Since the "system" sometimes goes down, it's best to call ahead.

*** HQ JUSMAG-THAI ***

SECTION - E

Unit Mailroom (APO Box)

| | |
|------------------|---|
| Action: | Holders of USUS ID Cards (DD-1173). |
| Form: | (1) Available at the HQ JUSMAG-THAI Mailroom. (2) Special Power of Attorney. |
| Web: | http://www.jusmagthai.com/rao_portal/Mail_JUSMAG.pdf |
| Address: | HQ JUSMAG-THAI [3]. |
| Document: | Survivor's USUS ID Card (DD-1173). |

1. The Chief, JUSMAG-THAI offers the use of the HQ JUSMAG-THAI Mailroom to survivors of U.S. Uniformed Services members and VA rated 100% Permanently and Totally Disabled Veterans. (Note: The U.S. Consulate General, Chiang Mai also permits Air Force Post Office (APO)-entitled members to use its APO address [5] and [mailroom](#).)

2. For Patrons authorized APO privileges under [DoD 4525.6M](#), and OL-C, Detachment 2, PACAF Air Postal Squadron (U.S. Embassy, Bangkok) guidelines ([Policy Letter](#), 15 March 2011): *“The mail should not contain merchandise that is intended for resale/profit. Military retirees are authorized to mail/receive the following items weighing up to 16 ounces: Video Tapes, Voice Cassette Tapes, CDs and DVDs, Medications**, Vitamins, Magazines, Books and Other Printed Matter.”*

* TRICARE Mail Order Pharmacy is not subject to the 16-ounce weight limit (Office of the Under Secretary of Defense [Policy](#) AT&L, 10 April 2003).

** Medication can come from any source (including over-the-counter) as long as it is not intended for resale/profit.

3. Other postal services such as buying stamps or sending registered mail are only available at the APO in the “old” U.S. Embassy compound.

4. Any person entitled to use the APO can be designated to receive an addressee’s mail at the HQ JUSMAG-THAI Mailroom by having the addressee complete [PS Form 3801](#) there. Non-entitled persons must have a Power of Attorney from the Box Holder authorizing mail pick-up.

*** HQ JUSMAG-THAI ***

SECTION - E

TRICARE

- Action:** Medical Expenses Year of Death Deceased and/or Survivors.
- Form:** (1) [DD-2642](#) - TRICARE Claim Form.
(2) [DD-2527](#) - Personal Injury - Possible Third Party Liability.
- Web:** (1) <http://tinyurl.com/nw59s4> (TRICARE.mil - Claims).
(2) <http://www.tricare-overseas.com/>
(3) <http://www.jusmagthai.com/medical.html>
- Address:** (1) Wisconsin Physicians Service (WPS) [10].
(2) TRICARE - JUSMAG-THAI [2].
- Document:** (1) Deceased's or Survivor's USUS ID Card Showing Medical Civilian Expiration Date or INDEF (DD-2 or DD-1173).
(2) Treatment Statements (in English).
(3) Doctor, Hospital, etc, Itemized Receipts (in English).
-

1. Nurse Thida is the TRICARE Services Representative for JUSMAG-THAI (Email: nursetida.th@jusmagthai.org). She will conduct a briefing if required and help submit claims. The [DD-2642](#) claim form has instructions on accomplishing the form and the required documentation.

2. The military retiree's terminal medical expenses should be covered by TRICARE. Only a spouse or parent of the deceased may claim for TRICARE terminal illness, unless the patient has a guardian appointed. Survivors should also be eligible to use TRICARE. Eligibility dates are on the backside of their DoD ID Cards.

3. There's a possibility that a military retiree over age 65 did not enroll in Medicare Part B, and therefore has no TRICARE eligibility. If so, there should be a MEDICAL CIVILIAN "NO" on the backside of the USUS ID Card (DD-2).

4. There's another possibility the military retiree also has VA eligibility to claim medical expenses from the [VA's Foreign Medical Program](#). Check to see if the medical costs are due to a VA-awarded disability. The VA pays 100% of covered services for service-connection, as opposed to a cost share of 25% (\$150/\$300 Annual Deductible and \$3,000 Catastrophic Cap) by using TRICARE.

*** Direct Deposit ***

SECTION - F

Death Notification and/or Sign-Up for Direct Deposit

- Action:** Surviving Spouse (or NOK) of Bangkok Bank Direct Deposit Acct Holder.
- Form:** [SF-1199A](#) - Direct Deposit Sign-up Form (DFAS, SSA or VA).
- Web:** (1) <http://tinyurl.com/mu7fot> (Bangkok Bank) [35]
 (2) <http://chiangmai.usconsulate.gov/root/pdfs/direct-deposit.pdf>
- Address:** Address for Agency Sending the Payment (See Section “I”).
- Document:** (1) Official Government ID Card (Thai or US) or Thai/US Passport.
 (2) Customer Identification Document such as a Social Security Number Card, Annuitant ID Card, etc.
 (3) Letter from the organization(s) authorized to make payments, as evidence of your right to receive the payments from them.

1. **Death Notification.** Notify Bangkok Bank (or other U.S. direct deposit bank) of the account holder’s death. The benefit source delays survivor benefit payments until payments made after the death of the beneficiary are returned. In practice, RAO staff notifies Bangkok Bank whether or not it’s known if the deceased held a Bangkok Bank direct deposit account.
2. **Direct Deposit Sign-Up.** If the survivor is currently receiving (or will receive) payments such as pensions, annuities or payroll from US government agencies or private organizations, they can arrange for their payments to be direct deposited into a Direct Deposit account at Bangkok Bank in Thailand via Bangkok Bank's New York branch instead of using the [Direct Express® Debit MasterCard®](#) (card [Fees](#)) or company-issued checks.
3. As stated on page [VIII](#), para 8, mail received outside of the APO system is vulnerable to “loss”, thus, we highly encourage claimants to sign-up for **Direct Deposit** through **Bangkok Bank:** Khun Kanchana, Tel: 02-230-1323 / Email: pongchan.pra@bbl.co.th.
4. Bangkok Bank [Transfer Fees](#): 0.25% of the Sum, minimum 200 Baht and maximum 500 Baht, and a New York branch transfer fee of \$5, \$10, \$15, or \$20, based upon transfer amount.
5. [Important Note](#): If you use direct deposit service to receive funds from a U.S. Government Agency, you must appear **in person** at a Bangkok Bank branch to withdraw the funds.
6. People applying for federal benefits on or after May 1, 2011, will receive their payments electronically. By March 1, 2013, everyone getting federal benefits by paper check will need to switch to electronic payments. Source: <http://www.fms.treas.gov/eft/regulations.html>.

*** U.S. Treasury Checks or USG Debit Card ***

SECTION - F

Return a U.S. Treasury Check or USG DirectExpress Debit Card

| | |
|------------------|---|
| Action: | U.S. Treasury Check(s) or USG Debit Card found in the Deceased's Papers. |
| Form: | N/A |
| Web: | N/A |
| Address: | Address for Agency Mailing the Check (See Section "I"). |
| Document: | (1) DoS Report of the Death of an American Citizen Abroad (DS-2060). (Or: Thai Death Certificate with Certified English Translation.) (2) Proof of Relationship by Person Claiming. |

-
1. U.S. Treasury Checks cannot be cashed after the death of the person named payable on the check, even if there are two names on the check. The source will delay benefit payments until checks are returned. If a check has been cashed it results in a debt to the issuing agency. Mark the check "VOID" and return it to its source.
 2. If there's a Last Will & Testament, the Executor should return the check.
 3. DoD military retired paychecks can be returned with the claim for "Arrears of Pay".
 - [SF-1174](#)
 4. SSA annuity checks can be returned with the application for the SSA Lump-Sum.
 - [SSA-8-F4](#)
 5. VA Annuity Checks may be returned with the Casualty Report [[L-10](#)], Intent to Claim Letter [[L-16](#)], or with the application for benefits: [VA 21-534](#).
 6. TRICARE checks may be reissued **only** to the parent or spouse of the patient unless a guardian has been appointed for the deceased patient: [DD-2642](#), Block 12 Instructions.
 7. IRS Checks: See [IRS 1040 Instructions](#).

*** Internal Revenue Service (IRS) ***

SECTION - G

Income Tax Return

- Action:** File a Federal Income Tax Return for Sponsor's Year of Death or for any Prior Years not filed.
- Form:**
- (1) **For Year of Death:** [IRS 1040](#) or [IRS 1040A](#).
 - (2) **Year Following Year of Death if Joint Filer is not a U.S. Citizen:** [IRS 1040NR](#).
 - (3) [IRS W-7](#) - Application for ITIN ([Instructions](#)). [As Applicable]
 - (4) [IRS 1310](#) - Statement of Person Claiming Refund Due Deceased Taxpayer
- Web:**
- (1) <http://www.irs.gov>
 - (2) **Tax Preparers:** <http://www.irs.gov/efile/article/0,,id=118449,00.html> (96546)
<http://bangkok.usembassy.gov/root/pdfs/taxinfo.pdf>
- Address:** Label Address on the back page of the IRS package or IRS [31].
- Documents:**
- (1) IRS Form 1099-R (Military Retired Pay).
 - (2) IRS Form 1042S (SBP Annuity).
 - (3) IRS Form W-2 (Taxable Incomes).
- (See Instructions for [IRS 1040](#) or [IRS 1040A](#) for other requirements.)
-

1. If the date of death is early in the year, the deceased may not have mailed a return for the year prior to death. A few may not have filed for several years prior to death. It may be in the interest of the surviving spouse to file to recover over withholding.
2. For the year of death the surviving non-resident alien spouse can file joint. The joint filer has the same tax status as a U.S. citizen. If the date of death is early in the year there is normally over withholding. If the deceased has not filed for other prior years, the spouse can file joint.
3. The year of death filing of a return cannot be made until the first day of the following year.
4. The IRS considers the date of income received as the date taxable. So, if a survivor received retired pay, earned in the year of death, in the year following death, it is taxable in the year following the death. This means that in the year following the year of death it cannot be reported as joint income and if the survivor is not a U.S. citizen, it is taxable as foreign earned income. Therefore, if the death of the veteran is late in the year, claim unpaid pay as soon as possible so the payment check is dated in the year of death.
5. Note that the return of SBP premiums to a widow who will not be paid the SBP annuity is taxable income earned by the deceased. For the widow it is taxable income. In many cases this may be a sizeable amount.
6. The widow needs an SSN or Individual Taxpayer Identification Number (ITIN) to file.

*** Internal Revenue Service (IRS) ***

SECTION - G

Application for IRS Individual Taxpayer Identification Number (ITIN) (IRS W-7)

- Action:** File Federal Income Tax Return without a Social Security Number (SSN).
- Form:** [IRS W-7](#) - Application for ITIN.
- Web:** <http://www.irs.gov/individuals/article/0,,id=96287,00.html>
- Address:** IRS ITIN Operation [32].
- Document:** See [General Instructions](#) with [IRS W-7](#).
-

1. With the exception of unique, case-by-case situations, SSA normally will not issue an SSN to a Thai Citizen (e.g. non-resident alien spouse) residing in Thailand, even if the survivor is entitled to, and can be paid, Social Security benefits in Thailand.

2. Presuming a non-resident alien spouse is ineligible to be issued a U.S. Social Security Number, in order to file a joint U.S. Federal Income Tax Return, a non-resident alien spouse must apply for an ITIN ([IRS W-7](#), [Inst W-7](#)) and enter it in the block for the Social Security Number on the applicable variant of IRS Form 1040 being used. Further, the [IRS](#) will normally delay processing an ITIN application until a tax return is filed. (Note: An ITIN is issued by the IRS, not by SSA.) When possible (and of course, when required), send authorized "copies" of documents to the IRS in lieu of sending "originals".

3. During the [ITIN application process](#), the IRS requires foreign documents from certain countries to be certified (legalized) by the foreign authority that issued the documents, hence, in the case of Thai documents, Thai documents must first be legalized by the Thai Ministry of Foreign Affairs (MFA) at 123 Chaeng Watthana Rd., Bangkok 10210. Once legalization (authorized copy) is accomplished, visit American Citizen Services (ACS, U.S. Embassy or U.S. Consulate General) and have the document(s) authenticated (notarized) by ACS. The ACS fee for notarization is \$50 per document. Neither ACS nor RAO track the MFA legalization fee. Contact MFA to learn more about legalization: <http://www.mfa.go.th/web/2689.php>.

4. If an ITIN is needed to file joint for the year of death of the sponsor, the application for an ITIN is submitted at the same time as the Form 1040 early in the year following death. If the return is for the year(s) prior to year of death, file as soon as possible with the ITIN.

*** Internal Revenue Service (IRS) ***

SECTION - G

**Withholding Certificate for Pension or Annuity Payments
(IRS W-4P)**

Action: Any U.S. Federal Taxpayer with a Tax Due in the Current or Next Year.

Form: [IRS W-4P](#) - Withholding Certificate for Pension or Annuity Payments.

Web: <http://www.irs.gov/>

Address: Source of Taxable Income.

Document: None.

1. This is only for a widow with U.S. taxable income by the IRS. A U.S. citizen receiving SBP could have a net income that is taxable--if the standard deduction and exemption do not reduce the SBP amount to zero.

2. In Tax Year 2010, if there will be an estimated tax due of over \$1,000, pre-payments must be made ([IRS 1040-ES](#)). The most convenient method is to use [IRS W-4P](#) to arrive at the monthly withholding amount. Mail the form to the source of the income, not to the IRS. It's also possible to prepay the tax by withholding from the SSA annuity. The [1040-ES](#) package has forms and instructions to prepay once every three months (quarterly) by mail to the IRS.

3. SBP paid to a Thai citizen (non-U.S. citizen) residing in Thailand is not taxed (see page [C-3](#)). VA benefits are not taxed. SSA benefits may be subject to IRS taxation, if the total taxable income is large enough. For a Thai citizen and resident, SSA insurance payments are taxed at source at the net rate of 25.5%, and is non-refundable:
http://www.ssa.gov/OP_Home/handbook/handbook.01/handbook-0125.html

*** Additional Actions ***

SECTION - H

1. **Associations.** Notify them by letter from the Primary Next of Kin (PNOK) on the death of their member. In the letter, request information on possible benefits to survivors. If the deceased is receiving an association magazine, the address label and/or association ID card may contain member information.

2. **Letters to Kin, Friends, Lawyers, etc.** At the request of the NOK, the RAO or VFW Service Officer may assist. In Thailand, most survivors are unable to write English so the letter is composed by the person assisting.

*** Addresses ***

SECTION - I

- | | | | |
|-----|---|------|--|
| [1] | HQ JUSMAG-THAI Retiree Activities Office, Rm. D-114 7 Sathorn Tai Road Bangkok 10120 Thailand Tel: 02-287-1036 Ext. 165 Fax: 02-285-6228 Email: raothailand@jusmagthai.org Web: http://www.jusmagthai.com/rao.html | [OR] | HQ JUSMAG-THAI MAGTJS-RAO APO AP 96546-5000 |
| [2] | HQ JUSMAG-THAI TRICARE Services, Rm. J-202 7 Sathorn Tai Road Bangkok 10120 Thailand Tel: 02-287-1036 Ext. 511 or Ext. 512 Mobile: 081-633-3793 (After-Hours Emergency; Nurse Pranee) Fax: 02-287-1575 Email: nursetida.th@jusmagthai.org Web: http://www.jusmagthai.com/medical.html | [OR] | HQ JUSMAG-THAI MAGTJS-TRICARE APO AP 96546-5000 |
| [3] | Addressee's Name JUSMAG-THAI Box-R #XXXX APO AP 96546 | | |
| [4] | Consular Section U.S. Embassy 95 Wireless Road Bangkok 10330 Thailand Tel: 02-205-4049 Fax: 02-205-4103 Email: acsbkk@state.gov Web: http://bangkok.usembassy.gov/service.html | [OR] | Consular Section U.S. Embassy APO AP 96546-5000 |
| [5] | U.S. Consulate General 387 Wichayanond Road Chiang Mai 50300 Thailand Tel: 05-310-7777 Fax: 05-325-2633 Email: acschn@state.gov Web: http://chiangmai.usconsulate.gov/ | [OR] | U.S. Embassy Box C, Unit #8140 APO AP 96546-5000 |

- [6] Defense Finance and Accounting Service
 U.S. Military Retirement Pay
 P.O. Box 7130
 London, KY 40742-7130
 Tel: 1-216-522-5955 **or** 1-800-321-1080 (M-F, 0700-1930 ET)
 Fax: 1-216-522-5237 **or** 1-800-469-6559
 Email: <https://corpweb1.dfas.mil/askDFAS/askDFAS.jsp> (Customer Inquiry Portal)
 Web: <http://www.dfas.mil/dfas/retiredmilitary.html>
- [7] Defense Finance and Accounting Service
 U.S. Military Annuitant Pay
 P.O. Box 7131
 London, KY 40742-7131
 Tel: 1-216-522-5955 **or** 1-800-321-1080 (M-F, 0700-1930 ET)
 Fax: 1-800-982-8459
 Email: <https://corpweb1.dfas.mil/askDFAS/askDFAS.jsp> (Customer Inquiry Portal)
 Web: <http://www.dfas.mil/dfas/retiredmilitary.html>
- | | |
|---|---|
| <p>[8] National Personnel Records Center Military Personnel Records 9700 Page Avenue St. Louis, MO 63132-5100 Tel: 1-314-801-0800 Fax: 1-314-801-9195 Email: mpr.center@nara.gov Web (Mil): http://www.archives.gov/st-louis/military-personnel/ Web (Civ): http://www.archives.gov/st-louis/civilian-personnel/index.html#privacy</p> | <p>National Personnel Records Center Civilian Personnel Records 111 Winnebago Street St. Louis, MO 63118-4126 Tel: 1-314-801-9250 Fax: 1-314-801-9269 Email: cpr.center@nara.gov</p> |
|---|---|
- | | |
|---|--|
| <p>[9] DEERS Support Office [Address Change] ATTN: COA 400 Gigling Rd. Seaside, CA 93955-6771 Tel: 1-800-334-4162 or 1-800-538-9522 Fax: 1-831-655-8317 Email: addrifo@osd.pentagon.mil Web: https://www.dmdc.osd.mil/appj/deerswebsite/home.do</p> | <p>DEERS Support Office ATTN: Research & Analysis 400 Gigling Rd. Seaside, CA 93955-6771 Tel: Same Tel: Same Email: webmaster@osd.pentagon.mil</p> |
|---|--|
- [10] Wisconsin Physicians Service
 P.O. Box 7985
 Madison, WI 53707-7985
 Tel: 1-877-451-8659 (Claims Inquiries - Toll Outside U.S.)
 Fax: N/A
 Email: Use Website Portal
 Web: <http://www.tricare-overseas.com/> (International SOS)

- [11] **[USA Casualty and Mortuary Affairs Branch (CMAB)]**
Commander, Army Human Resources Command
ATTN: AHRC-PDC-M
200 Stovall Street
Alexandria, VA 22332
Tel: 1-800-626-3317 (24-Hour Operations Center) **or** 1-703-325-7990/7991
Fax: 1-703-325-0134
Email: cocopns@conus.army.mil
Web: <http://tinyurl.com/mrpv22>
- [12] **[USN Casualty Assistance]**
Navy Casualty Assistance Division
OPNAV N135C
5720 Integrity Dr.
Millington, TN 38055-6200
Tel: 1-800-368-3202 **or** 1-901-874-2501
Fax: N/A
Email: MILL_RetiredActivities@navy.mil (Retired Services at same street address)
Web: <http://www.npc.navy.mil/CommandSupport/CasualtyAssistance/>
- [13] **[USAF Casualty Services]**
HQ AFPC/DPWCS
550 C Street West, Suite 14
Randolph AFB, TX 78150-4716
Tel: 1-800-433-0048 / Fax: N/A
Email: afpc.casualty@randolph.af.mil
Web: <http://www.afpc.af.mil/library/casualty.asp>
- [14] **[USMC Casualty Assistance Section]**
Personal and Family Readiness
Casualty Assistance Section (MRPC)
3280 Russell Rd.
Quantico, VA 22134-5102
Tel: 1-800-847-1597 (24-Hr) **or** 1-703-784-9512
Fax: 1-703-784-4134
Email: casualty.section@usmc.mil
Web: <http://tinyurl.com/3f5573o>
- [15] **[USCG Retiree and Annuitant Services]**
Commanding Officer (RAS)
U. S. Coast Guard Pay & Personnel Center
444 SE Quincy St.
Topeka, KS 66683-3591
Tel: 1-800-772-8724 **or** 1-785-339-3415
Fax: 1-785-339-3770
Email: psc-dg-ras@uscg.mil
Web: <http://www.uscg.mil/ppc/ras/>

- [16] **[VA Foreign Claims]**
VA Regional Office
Foreign Claims
1000 Liberty Ave.
Pittsburgh, PA 15222-4004
Tel: 1-412-395-6272 (Pittsburgh VARO)
Tel: 1-877-294-6380 (Beneficiaries in Receipt of Pension Benefits)
Tel: 1-800-827-1000 (Disability or DIC)
Tel: 1-888-442-4551 (Education - GI Bill)
Tel: 1-800-669-8477 (Government Life Insurance)
Gulf War/Agent Orange/Project Shad/Mustard Agents and Lewisite/Ionizing Radiation:
Tel: 1-800-749-8387
Fax: 1-412-395-6091/6057
Email: <https://iris.custhelp.com/>
Web: <http://www.vba.va.gov/VBA/>
- [17] **[Headstone or Grave Marker]**
Memorial Programs Service (41A1)
Department of Veterans Affairs
5109 Russell Road
Quantico, VA 22134-3903
Tel: 1-800-697-6947
Fax: 1-800-455-7143
Email: mps.headstones@va.gov
Web: http://www.cem.va.gov/cem/hm_hm.asp
- [18] Presidential Memorial Certificates (41A1C)
National Cemetery Administration
5109 Russell Road
Quantico, VA 22134-3903
Tel: 1-800-697-6947
Fax: 1-800-455-7143
Email: pmc@va.gov
Web: <http://www.cem.va.gov/pmc.asp>
- [19] Department of Veterans Affairs
Debt Management Center
P.O. Box 11930
St. Paul, MN 55111-0930
Tel: 1-800-827-0648
Fax: 1-612-970-5688
Email: dmc.ops@va.gov
Web: <https://www.pay.va.gov/index.cfm?action=sample&mode=4>

- [20] **[VA - Pension Management Center (PMC) - Philadelphia]**
Philadelphia VAROIC
Pension Management Center
5000 Wissahickon Ave.
P.O. Box 8079
Philadelphia, PA 19101
Tel: 1-877-294-6380
Fax: 1-215-381-3113
Fax: 1-215-381-3777 (Only for [VA 21-0845](#))
Email: <https://iris.custhelp.com/>
Web: <http://www.vba.va.gov/ro/philly/index.htm>
- [21] **[VA - Foreign Medical Program (FMP) Claims and General Information]**
VA Health Administration Center
Foreign Medical Program (FMP)
P.O. Box 469061
Denver, CO 80246-9061
Tel: 1-303-331-7590 or 1-877-345-8179 or 1-877-222-8387
Fax: 1-303-331-7803
Email: hac.fmp@med.va.gov or <https://iris.custhelp.com/>
Web: <http://www.va.gov/hac/forbeneficiaries/fmp/fmp.asp>
- [22] **[Change of: Address, Phone #, Marital Status, Medicare/TRICARE Eligibility, and Student Status of Children Ages 18-23; Applications/School Certifications]**
VA Health Administration Center
CHAMPVA ELIGIBILITY
P.O. Box 469028
Denver, CO 80246-9028
Tel: 1-800-733-8387
Fax: 1-303-331-7809
Email: <https://iris.custhelp.com/> or <http://www.va.gov/hac/contact/contact.asp>
Web: <http://www.va.gov/hac/forbeneficiaries/champva/champva.asp>
- [23] **[General Questions, Info on a Payment, Reprocess a Denied Claim, Other Health Insurance (OHI) Certification Forms]**
VA Health Administration Center
CHAMPVA
P.O. Box 469063
Denver, CO 80246-9063
Tel: 1-877-733-8387
Fax: 1-303-331-7804
Email: <https://iris.custhelp.com/> or <http://www.va.gov/hac/contact/contact.asp>
Chat: Click on the link immediately below, then click on the “Chat” button.
Web: <http://www.va.gov/hac/forbeneficiaries/champva/champva.asp>

- [24] **[Submitting New CHAMPVA Claims]**
VA Health Administration Center
CHAMPVA Claims
P.O. Box 469064
Denver, CO 80246-9064
Tel: 1-877-733-8387
Fax: 1-303-331-7804 ... Fax: 1-303-331-7809 (OHI Certifications Only)
Email: <https://iris.custhelp.com/> or <http://www.va.gov/hac/contact/contact.asp>
Web: <http://www.va.gov/hac/forbeneficiaries/champva/champva.asp>
- [25] VA National Direct Deposit Center
Muskogee Regional Office
125 South Main St., Suite B
Muskogee, OK 74401-7004
Tel: 1-877-838-2778
Fax: 1-918-781-4395
TDD: 1-800-829-4833 (Telephone Device for the Hearing Impaired)
Email: <https://iris.custhelp.com/>
Web: N/A
- [26] **[Social Security Administration - Manila, Philippines]**
Social Security Administration Division Department of Veterans Affairs
U.S. Department of Veterans Affairs **[OR]** Regional Office-SSAD
United States Embassy DPO AP 96515-1100
1131 Roxas Blvd., Ermita
0930 Manila, Philippines
Tel: +63-2-301-2000 (Follow Voice Prompts or to Save Time: Press 5, then Press 2)
Fax: +63-2-522-1514 **and** +63-2-525-9482
Email: FBU.Manila@ssa.gov
Web: <http://manila.usembassy.gov/us-agencies2/the-social-security-administration-division.html>
- [27] **[SSA - Already Receiving Benefits]**
Social Security Administration
Office of International Operations
P.O. Box 17769
Baltimore, MD 21235-7769
Tel: 1-800-772-1213 (Also use for **Casualty Reporting**) (0800-1630 ET)
Tel: Specific Help Phone #'s based on Last 2-Digits of SSN; see webpage)
Tel: 410-965-9334 (New or Replacement SSN Card)
Fax: 1-410-597-1800
[OR] See Telephone/Email [26] (Manila, Philippines)
Web: <http://www.ssa.gov/foreign/index.html>

- [28] **[SSA - Not Receiving Benefits - Inquire about Benefit Eligibility]**
Social Security Administration
Office of International Operations
P.O. Box 17775
Baltimore, MD 21235-7775
Tel: Specific Help Phone #'s based on Last 2-Digits of SSN; see webpage)
Fax: 1-410-597-1800
[OR] See Telephone/Email [26] (Manila, Philippines)
Web: <http://www.ssa.gov/foreign/index.html>
- [29] Social Security Administration
Retirement, Survivors and Disability Insurance
SSA-OAS-SEC 625 Project
P.O. Box 15430
Kansas City, MO 64106-0430
Tel: N/A / Fax: N/A
Web: <http://www.ssa.gov/>
- [30] **[Civil Service Retirement - Write to the OPM Retirement Operations Center]**
Office of Personnel Management
Retirement Operations Center
P.O. Box 45
Boyers, PA 16017
Tel: 1-888-767-6738
Fax: N/A
Email: retire@opm.gov
Web: <http://www.opm.gov/RETIRE/>
- [31] **[Internal Revenue Service (IRS) - Taxpayers Located Outside U.S. - For Questions]**
Internal Revenue Service
P.O. Box 920
Bensalem, PA 19020
Tel: 1-215-516-2000
Fax: 1-215-516-2555
Web: <http://www.irs.gov/localcontacts/article/0,,id=101292,00.html>
- [32] **[Internal Revenue Service (IRS) - Individual Taxpayer Identification Number]**
Internal Revenue Service
Austin Service Center
ITIN Operation
P.O. Box 149342
Austin, TX 78714-9342
Tel: 1-800-829-1040 (General IRS Info)
Fax: N/A
Web: <http://www.irs.gov/individuals/article/0,,id=96287,00.html>

[33] **[Internal Revenue Service (IRS) - Where to File Form 1040 / 1040A / 1040EZ]**

Department of the Treasury
Internal Revenue Service
Austin, TX 73301-0215
Tel: 1-800-829-1040 (General IRS Info)
Fax: N/A
Web: <http://www.irs.gov/file/article/0,,id=105045,00.html>

[34] **[Internal Revenue Service (IRS) - Where to File Form 1040NR / 1040NR-EZ]**

Internal Revenue Service
P.O. Box 1300
Charlotte, NC 28201-1300
Tel: 1-800-829-1040 (General IRS Info)
Fax: N/A
Web: <http://www.irs.gov/file/article/0,,id=119501,00.html>

[35] **[Bangkok Bank - Direct Deposit]**

Bangkok Bank P.C.L.
Foreign Exchange Services Section
Retail Payment Services Department
333 Silom Road
Bangkok 10500 Thailand
Tel: 02-645-5555 (24 hours a day, seven days a week)
Tel: 02-230-1323 (Direct Deposit, Khun Kanchana or Khun Supatra)
Fax: N/A
Email: (1) <http://tinyurl.com/yemdksu> (General Contact)
(2) pongchan.pra@bbl.co.th (Direct Deposit, Attn: K. Kanchana or K. Supatra)
Web: (1) <http://tinyurl.com/ydqgn3e> (Foreign Customers)
(2) <http://tinyurl.com/mu7fot> (Direct Deposit)

[36] **[Legal Assistance - U.S. Armed Forces]**

U.S. Armed Forces: <http://legalassistance.law.af.mil/>
U.S. Air Force: <https://aflegalassistance.law.af.mil/lass/lass.html>
U.S. Army: <https://www.jagcnet.army.mil/legal>
U.S. Navy & Marine Corps: http://www.jag.navy.mil/legal_services/nlso/nlso_pacific.htm
U.S. Coast Guard: http://www.uscg.mil/legal/la/Legal_Assistance_Home.asp

[37] **[Thai Birth Document - When Birth Certificate Not Available at Amphur]**

Census Registration
Samnak-Borihaankanntabian Wangchaiya
Nakhon Sawan Rd., Dusit
Bangkok 10300
Tel: 02-281-5000 (Office Hours: 0830-1630)
ณ สำนักทะเบียนกลาง (ตั้งอยู่ที่สำนักบริหารการทะเบียน วังไชยสถานนครสวรรค์ นางเลิ้ง ดุสิต กทม.10300)
ระหว่างเวลา 08:30-16:30 น.

- [38] Equifax Information Services LLC
Office of Consumer Affairs
P.O. Box 150139
Atlanta, GA 30348
Tel: 1-800-685-1111
Web: http://www.equifax.com/home/en_us

- [39] Experian
P.O. Box 9701
Allen, TX 75013
Tel: 1-888-397-3742
Web: <http://www.experian.com/>

- [40] Trans Union
P.O. Box 6790
Fullerton, CA 92834
Tel: 1-888-909-8872
Web: <http://www.transunion.com/>

EXAMPLE CLIENT PROFILE (MS OUTLOOK)

Full Name: DOE, JANE (NMI)
Last Name: DOE
First Name: JANE
Job Title: SUSP: Awaiting \$255 Lump Sum from SSA.
Company: CHONBURI

Home Address: 34/567 Moo 8, Pattaya 9th Rd.
Nongprue, Banglamung
Chonburi 20160

Mobile: 089-999-9999

WIDOW:

ITIN 888-77-6666

DOB: 18 Sep 1946

DOM: 11 Nov 1977

-DIC

-DP

+SBP

-SSA Eligible (No 5-Yr or Exception)

+TFL

DoD-Exp: 23 May 2015

Thai Citizen

SPONSOR:

Doe, John E., E8, MSG, Army, Retired, SSN 999-88-7777, DOB 16 Nov 1927, DOD 21 Jun 2014, COD Heart Attack, Cremated, Wat Ping Pong, Nakhon Nowhere, Widow has Ashes.

ACTION:

19 Aug 89

John applied for SSA.

23 Aug 92

John joined Medicare Part B--TRICARE For Life (TFL) Eff 1 Nov 1992.

18 Jun 11

Jane's CMS-40B to SSA PI--TRICARE For Life (TFL) Eff 1 Sep 2011.

21 Jun 14

John Doe Deceased.

28 Jun 14

Initial Survivor Assistance Started.

1 Jul 14

In RAO w/ more DS-2060s. Still Need: Original/Certified DD-214s & Widow's Birth Document.
SF-180 to NPRC.

5 Jul 14

DoD ID Card, Thai Passport, Marriage Certificate & Divorce Decree to ACS for Certification.
DD-2656-7 to DFAS.

12 Jul 14

Rx Docs from ACS. SF-1174 to DFAS.

15 Jul 14

In RAO to pick-up Thai Passport, DD-1173 & Other Certificates. Donated quality books to RAO Library.

26 Jul 14

In RAO w/ Bank Letter requesting widow's instructions on Accts Disposition. (Remitted to Bank 28 July).

6 Aug 14

Rx DFAS Check \$1,463.00--Start of SBP.

12 Oct 14

Rx DFAS Check \$701.00--Arrears of Pay.

25 Oct 14

Rx DD-214s from NPRC. To VA 21-2008.

27 Oct 14

SSA-8 Lump Sum to SSA PI.

7 Nov 14

Rx U.S. Burial Flag.

SUSPENSE:

Awaiting \$255 Lump Sum from SSA.

Note: Below is an **Example Legend** and for Reference Only (Legend not included in each Contact File).

DOB = Date of Birth

"+" = Eligible or Already Receiving

SSA PI = SSA - Manila, Philippines

DOM = Date of Marriage

"-" = Ineligible

DOD = Date of Death

DoD-Exp = DoD ID Card Expiration Date

COD = Cause of Death

Rx = Received, Receiving, or Will Receive

*** FORMS ***

(Download from the Web by Clicking on the Form #.)

| FORM NUMBER | TITLE |
|---------------------------------|--|
| SECTION - A | DEPARTMENT OF VETERANS AFFAIRS (VA) |
| VA 10-10d | Application for CHAMPVA Benefits |
| VA 10-7959f-1 | Foreign Medical Program (FMP) Registration Form |
| VA 10-7959f-2 | Claim Cover Sheet - Foreign Medical Program (FMP) |
| VA 21-22 | Appointment of Veterans Service Organization as Representative |
| VA 21-22a | Appointment of Individual as Representative |
| VA 21-530 | Application for Burial Benefits |
| VA 21-534 | Application for DIC, DP and Accrued Benefits |
| VA 21-674 | Approval of School Attendance |
| VA 21-0845 | Authorization to Disclose Personal Information to a Third Party |
| VA 21-2008 | Application for U.S. Burial Flag |
| VA 22-5490 | Application for Educational Assistance |
| VA 24-0296 | Direct Deposit Enrollment |
| VA 29-4125 | Claim for One Sum Payment GLI (Government Life Insurance) |
| VA 40-0247 | Presidential Memorial Certificate Request |
| VA 40-1330 | Application for Headstone or Marker (Instructions) |
| SECTION - B | SOCIAL SECURITY ADMINISTRATION (SSA) |
| CIS | Claimant Information Sheet |
| CMS-40B | Application for Enrollment in Medicare |
| SS-5-FS | Application for Social Security Card |
| SSA-8-F4 | Application for Lump-Sum |
| SSA-9 INST | Listing of Proofs |
| SSA-10-BK | Application for Widow's Benefits |
| SSA-11-BK | Request to be Selected as Payee |
| SSA-21 | Supplement to Claim of Person Outside the U.S. |
| SSA-795 | Statement of Claimant or Other Person |
| SSA-1696-U4 | Appointment of Representative |
| SECTION - C | DEPARTMENT OF DEFENSE (DoD) |
| DFAS-CL 5840/26 | Affidavit of Citizenship Status |
| DD-2656-7 | Verification for Survivor Annuity |
| NOK Letter | Consent of Next of Kin to Release Information/Copies of Documents |
| SF-180 | Request Pertaining to Military Records |
| SF-1174 | Claim for Unpaid Compensation |
| SECTION - D | CASUALTY REPORTS (See Section L) |
| SECTION - E | TRICARE (JUSMAG) |
| DD-2642 | TRICARE Claim Form (To Wisconsin Physicians Service (WPS)) |
| DD-2527 | Statement of Personal Injury - Possible Third Party Liability |
| Privacy | Authorization to Disclose Information |

| | |
|---|---|
| SECTION - F SF-1199A | DIRECT DEPOSIT Direct Deposit Sign-up Form |
| SECTION - G IRS W-4P IRS W-7 IRS W-8BEN IRS 1310 | INTERNAL REVENUE SERVICE (IRS) Withholding Certificate for Pension or Annuity Payments Application for Individual Taxpayer ID Number (ITIN) (Instructions) Certificate of Foreign Status for U.S. Tax Withholding (Instructions) Statement of Person Claiming Refund Due Deceased Taxpayer |
| SECTION - H, I | N/A |
| SECTION - J | PROFILE PAGE (Template) |
| SECTION - K | THIS SECTION |
| SECTION - L L-1 to L-8 L-9 L-10 L-11 L-12 L-13 L-14 L-15 L-16 L-17 | LETTERS (Templates) Casualty Report - Military Retired to (4) Federal Agencies Casualty Report to SSA Casualty Report to VA Casualty Report to Bank from Survivor Casualty Report to Credit Card Issuer from Survivor Casualty Report to U.S. Credit Reporting Agencies from Survivor Cash U.S. Treasury Checks Casualty Report to Insurance Company from Beneficiary Intent to Claim VA by Survivor Consent of Next of Kin to Release Information/Copies of Documents |
| SECTION - M | N/A |
| • Miscellaneous Forms & Publications for Use or Reference • | |
| DoD Issuances | DoD Forms and Publications |
| IRS Forms | IRS Forms and Publications |
| SSA Forms | SSA Forms Page |
| VA Forms | VA Forms Page |
| DD-2 | U.S. Uniformed Services (USUS) Retired ID Card |
| DD-214 | Certificate of Release or Discharge from Active Duty |
| DD-1172 | Application for USUS ID Card & DEERS Enrollment |
| DD-1173 | USUS ID and Privilege Card |
| DD-1300 | Report of Casualty |
| DD-2765 | USUS ID Card for DAVPRM (DD-1173 for DAVPRM also used) |
| DoS | U.S. Passport |
| DS-2060 | Report of the Death of an American Citizen Abroad |
| IRS 1040 | U.S. Individual Income Tax Return (Instructions) |
| IRS 1040A | U.S. Individual Income Tax Return (Instructions) |
| IRS 1040NR | U.S. Nonresident Alien Income Tax Return (Instructions) |
| SSA-3288 | Consent for Release of Information |
| SSA-3885 | Government Pension Questionnaire |
| VA 21-534a | Application for DIC, DP, Other (In-Service Death) |

August 1, 2014

MEMORANDUM FOR Defense Finance and Accounting Service
U.S. Military Retirement Pay
P.O. Box 7130
London, KY 40742-7130

FROM: Service Officer
VFW Post 12074
[Street Address] [OR] [APO Box]
Chiang Mai 12345 Thailand

SUBJECT: Casualty Report of a U.S. Army Retiree (or Veteran)

Ref: Deceased Retiree: Doe, John B., SFC, U.S. Army (Retired), SSN 123-45-6789

1. As the Service Officer for VFW Post 12074, Chiang Mai, Thailand, I am informing you of the death of a former member of the United States Army.

2. The deceased's Department of State - Report of the Death of an American Citizen Abroad (DS-2060) is enclosed at encl 1. The following information is also provided:

- Name, Rank: **Doe, John B., SFC**
- SSN (and Service #, if applicable): **123-45-6789**
- Date and Place of Birth: **xx August 1932, Anytown, Nebraska**
- Date of Retirement (or Separation): **xx June 1970**
- Date and Place of Death: **xx July 2014, Chiang Mai, Thailand**
- Cause of Death: **Heart Attack**
- Next of Kin: **Mrs. Jane A. Doe (Widow)** Telephone: **+66-8x-xxx-xxxx**
JUSMAG-THAI
Box-R #xxxx [OR] [Street Address]
APO AP 96546

3. VFW Post 12074 is providing survivor assistance. Please let us know if you require additional information.

JOHN B. SMITH, Maj, USMC (Ret)
Service Officer, VFW Post 12074

Tel: +66-8x-xxx-xxxx
Email: xxxxxxxx@xxxxx.xxx

(1) Encl

Department of State - Report of the Death of an American Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with Certified English Translation.

L-1

August 1, 2014

MEMORANDUM FOR National Personnel Records Center
Military Personnel Records
9700 Page Ave.
St. Louis, MO 63132-5100

FROM: Service Officer
VFW Post 10249
[Street Address] [OR] [APO Box]
Udon 12345 Thailand

SUBJECT: Casualty Report of a U.S. Army Retiree (or Veteran)

Ref: Deceased Retiree: Doe, John B., SFC, U.S. Army (Retired), SSN 123-45-6789

1. As the Service Officer for VFW Post 10249, Udon, Thailand, I am informing you of the death of a former member of the United States Army.
2. The deceased's Department of State - Report of the Death of an American Citizen Abroad (DS-2060) is enclosed at encl 1. The following information is also provided:

- Name, Rank: **Doe, John B., SFC**
- SSN (and Service #, if applicable): **123-45-6789**
- Date and Place of Birth: **xx August 1932, Anytown, Nebraska**
- Date of Retirement (or Separation): **xx June 1970**
- Date and Place of Death: **xx July 2014, Udon Thani, Thailand**
- Cause of Death: **Heart Attack**
- Next of Kin: **Mrs. Jane A. Doe (Widow)** Telephone: **+66-8x-xxx-xxxx**
JUSMAG-THAI
Box-R #xxxx [OR] [Street Address]
APO AP 96546

3. VFW Post 10249 is providing survivor assistance. Please let us know if you require additional information.

JOHN B. SMITH, Maj, USA (Ret)
Service Officer, VFW Post 10249

Tel: +66-8x-xxx-xxxx
Email: xxxxxxxx@xxxxx.xxx

(1) Encl

Department of State - Report of the Death of an American Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with Certified English Translation.

August 1, 2014

MEMORANDUM FOR Commander
Army Human Resources Command
ATTN: AHRC-PDC-M
200 Stovall Street
Alexandria, VA 22332

FROM: Service Officer
VFW Post 9951
[Street Address] [OR] [APO Box]
Bangkok 12345 Thailand

SUBJECT: Casualty Report of a U.S. Army Retiree (or Veteran)

Ref: Deceased Retiree: Doe, John B., SFC, US Army (Retired), SSN 123-45-6789

1. As the Service Officer for VFW Post 9951, Bangkok, Thailand, I am informing you of the death of a former member of the United States Army.

- Name, Rank: **Doe, John B., SFC**
- SSN (and Service #, if applicable): **123-45-6789**
- Date and Place of Birth: **xx August 1932, Anytown, Nebraska**
- Date of Retirement: **xx June 1970**
- Disability Rating: **xx%**
- Unit: **Eighth US Army, G-3, Yongsan AIN, R.O.K.**
- Date and Place of Death: **xx July 2014, Bangkok, Thailand**
- Cause of Death: **Heart Attack**
- Next of Kin: **Mrs. Jane A. Doe (Widow)** Telephone: **+66-8x-xxx-xxxx**
JUSMAG-THAI
Box-R #xxxx [OR] [Street Address]
APO AP 96546

3. VFW Post 9951 is providing survivor assistance. Please let us know if you require additional information.

JOHN B. SMITH, Maj, USMC (Ret)
Service Officer, VFW Post 9951

Tel: +66-8x-xxx-xxxx
Email: xxxxxxxx@xxxxx.xxx

(1) Encl

Department of State - Report of the Death of an American Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with Certified English Translation.

August 1, 2014

MEMORANDUM FOR Navy Casualty Assistance Division
OPNAV N135C
5720 Integrity Dr.
Millington, TN 38055-6200

FROM: Service Officer
VFW Post 11575
[Street Address] [OR] [APO Box]
Phnom Phen 12345 Cambodia

SUBJECT: Casualty Report of U.S. Navy Retiree (or Veteran)

Ref: Deceased Retiree: Doe, John B., CPO, US Navy (Retired), SSN 123-45-6789

1. As the Service Officer for VFW Post 11575, Phnom Phen, Cambodia, I am informing you of the death of a former member of the United States Navy.

2. The deceased's Department of State - Report of the Death of an American Citizen Abroad (DS-2060) is enclosed at encl 1. The following information is also provided:

- Name, Rank: **Doe, John B., CPO**
- SSN (and Service #, if applicable): **123-45-6789**
- Date and Place of Birth: **xx August 1932, Anytown, Nebraska**
- Date of Retirement (or Separation): **xx June 1970**
- Disability Rating: **xx%**
- Unit: **Combined Task Force (CTF)-57/72, Kamesaya NSF, Japan**
- Date and Place of Death: **xx July 2014, Phnom Phen, Cambodia**
- Cause of Death: **Heart Attack**
- Next of Kin: **Mrs. Jane A. Doe (Widow)** Telephone: **+66-8x-xxx-xxxx**
JUSMAG-THAI
Box-R #xxxx [OR] [Street Address]
APO AP 96546

3. VFW Post 11575 is providing survivor assistance. Please let us know if you require additional information.

JOHN B. SMITH, LCDR, USN (Ret)
Service Officer, VFW Post 11575

Tel: +855-xxx-xxxx
Email: xxxxxxxx@xxxxx.xxx

(1) Encl

Department of State - Report of the Death of an American Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with Certified English Translation.

L-4

August 1, 2014

MEMORANDUM FOR HQ AFPC/DPWCS
550 C Street West, Suite 14
Randolph AFB, TX 78150-4716

FROM: Service Officer
VFW Post 10217
[Street Address] [OR] [APO Box]
Korat 12345 Thailand

SUBJECT: Casualty Report of a U.S. Air Force Retiree (or Veteran)

Ref: Deceased Retiree: Doe, John B., MSgt, U.S. Air Force (Retired), SSN 123-45-6789

1. As the Service Officer for VFW Post 10217, Korat, Thailand, I am informing you of the death of a former member of the United States Air Force.

2. The deceased's Department of State - Report of the Death of an American Citizen Abroad (DS-2060) is enclosed at encl 1. The following information is also provided:

- Name, Rank: **Doe, John B., MSgt**
- SSN (and Service #, if applicable): **123-45-6789**
- Date and Place of Birth: **xx August 1932, Anytown, Nebraska**
- Date of Retirement (or Separation): **xx June 1970**
- Disability Rating: **xx%**
- Unit: **20th Bombardment Squadron, Barksdale AFB, LA**
- Date and Place of Death: **xx July 2014, Korat, Thailand**
- Cause of Death: **Heart Attack**
- Next of Kin: **Mrs. Jane A. Doe (Widow)** Telephone: **+66-8x-xxx-xxxx**
JUSMAG-THAI
Box-R #xxxx [OR] [Street Address]
APO AP 96546

3. VFW Post 10217 is providing survivor assistance. Please let us know if you require additional information.

JOHN B. SMITH, Maj, USAF (Ret)
Service Officer, VFW Post 10217

Tel: +66-8x-xxx-xxxx
Email: xxxxxxxx@xxxxx.xxx

(1) Encl

Department of State - Report of the Death of an American Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with Certified English Translation.

L-5

August 1, 2014

MEMORANDUM FOR Personal and Family Readiness
Casualty Assistance Section (MRPC)
3280 Russell Rd.
Quantico, VA 22134-5102

FROM: Service Officer
VFW Post 12074
[Street Address] [OR] [APO Box]
Chiang Mai 12345 Thailand

SUBJECT: Casualty Report of a U.S. Marine Corps Retiree (or Veteran)

Ref: Deceased Retiree: Doe, John B., GySgt, U.S. Marine Corps (Retired), SSN 123-45-6789

1. As the Service Officer for VFW Post 12074, Chiang Mai, Thailand, I am informing you of the death of a former member of the United States Marine Corps.

2. The deceased's Department of State - Report of the Death of an American Citizen Abroad (DS-2060) is enclosed at encl 1. The following information is also provided:

- Name, Rank: **Doe, John B., GySgt**
- SSN (and Service #, if applicable): **123-45-6789**
- Date and Place of Birth: **xx August 1932, Anytown, Nebraska**
- Date of Retirement (or Separation): **xx June 1970**
- Disability Rating: **xx%**
- Unit: **3d Marine Expeditionary Brigade, Okinawa, Japan**
- Date and Place of Death: **xx July 2014, Chiang Mai, Thailand**
- Cause of Death: **Heart Attack**
- Next of Kin: **Mrs. Jane A. Doe (Widow)** Telephone: **+66-8x-xxx-xxxx**
JUSMAG-THAI
Box-R #xxxx [OR] [Street Address]
APO AP 96546

3. VFW Post 12074 is providing survivor assistance. Please let us know if you require additional information.

JOHN B. SMITH, Maj, USA (Ret)
Service Officer, VFW Post 12074

Tel: +66-8x-xxx-xxxx
Email: xxxxxxxx@xxxxx.xxx

(1) Encl

Department of State - Report of the Death of an American Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with Certified English Translation.

L-6

August 1, 2014

MEMORANDUM FOR Commanding Officer (RAS)
U. S. Coast Guard Pay & Personnel Center
444 SE Quincy St.
Topeka, KS 66683-3591

FROM: Service Officer
VFW Post 9876
[Street Address] [OR] [APO Box]
Chonburi 12345 Thailand

SUBJECT: Casualty Report of a U.S. Coast Guard Retiree (or Veteran)

Ref: Deceased Retiree: Doe, John B., CPO, U.S. Coast Guard (Retired), SSN 123-45-6789

1. As the Service Officer for VFW Post 9876, Pattaya, Thailand, I am informing you of the death of a former member of the United States Coast Guard.
2. The deceased's Department of State - Report of the Death of an American Citizen Abroad (DS-2060) is enclosed at encl 1. The following information is also provided:

- Name, Rank: **Doe, John B., CPO**
- SSN (and Service #, if applicable): **123-45-6789**
- Date and Place of Birth: **xx August 1932, Anytown, Nebraska**
- Date of Retirement (or Separation): **xx June 1970**
- Disability Rating: **xx%**
- Unit: **Maritime Law Enforcement Academy, Charleston, SC**
- Date and Place of Death: **xx July 2014, Pattaya, Thailand**
- Cause of Death: **Heart Attack**
- Next of Kin: **Mrs. Jane A. Doe (Widow)** Telephone: **+66-8x-xxx-xxxx**
JUSMAG-THAI
Box-R #xxxx [OR] [Street Address]
APO AP 96546

3. VFW Post 9876 is providing survivor assistance. Please let us know if you require additional information.

JOHN B. SMITH, CDR, USCG (Ret)
Service Officer, VFW Post 9876

Tel: +66-8x-xxx-xxxx
Email: xxxxxxxx@xxxxx.xxx

(1) Encl

Department of State - Report of the Death of an American Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with Certified English Translation.

L-7

August 1, 2014

MEMORANDUM FOR DEERS Support Office
ATTN: Research & Analysis
400 Gigling Rd.
Seaside, CA 93955-6771

FROM: Service Officer
VFW Post 9951
[Street Address] [OR] [APO Box]
Bangkok 12345 Thailand

SUBJECT: Casualty Report of a U.S. Army Retiree (or Veteran)

Ref: Deceased Retiree: Doe, John B., SFC, U.S. Army (Retired), SSN 123-45-6789
(Receiving Retired Pay)

1. As the Service Officer for VFW Post 9951, Bangkok, Thailand, I am informing you of the death of a former member of the United States Army.

2. The deceased's Department of State - Report of the Death of an American Citizen Abroad (DS-2060) is enclosed at encl 1. The following information is also provided:

- Name, Rank: **Doe, John B., SFC**
- SSN (and Service #, if applicable): **123-45-6789**
- Date and Place of Birth: **xx August 1932, Anytown, Nebraska**
- Date of Retirement (or Separation): **xx June 1970**
- Date and Place of Death: **xx July 2014, Bangkok, Thailand**
- Cause of Death: **Heart Attack**
- Next of Kin: **Mrs. Jane A. Doe (Widow)** Telephone: **+66-8x-xxx-xxxx**
JUSMAG-THAI
Box-R #xxxx [OR] [Street Address]
APO AP 96546

3. VFW Post 9951 is providing survivor assistance. Please let us know if you require additional information.

JOHN B. SMITH, Maj, USMC (Ret)
Service Officer, VFW Post 9951

Tel: +66-8x-xxx-xxxx
Email: xxxxxxxx@xxxxx.xxx

(1) Encl

Department of State - Report of the Death of an American Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with Certified English Translation.

L-8

VFW Post 9876

From: VFW Service Officer [vfwpost9876@gmail.com]
Sent: Friday, August 1, 2014
To: Long, Peter B.
Subject: Report of Death

Deceased

Worker: Doe, John William
SSN 123-45-6789
Date of Death: 15 July 2014
Date of Birth: 18 August 1932

Widow

Doe, Maleewan (NMI)
SSN None
ITIN 987-65-4321
Date of Birth: September 24, 1944
Citizenship: Thai
Address: JUSMAG-THAI
Box-R #xxxx
APO AP 96546
Tel: +66-8x-xxx-xxxx
Email: xxxxxxxx@xxxxx.xxx

Mrs. Doe reports the deceased's SSN payment is going to the Pentagon FCU.

We will mail a copy of the Report of the Death of an American Citizen Abroad (DS-2060) [or] Thai Death Certificate with Certified English Translation.

[Signature and Title]

See Section "D-3" - SSA Casualty Report.

August 1, 2014

MEMORANDUM FOR VA Regional Office
Foreign Claims
1000 Liberty Ave.
Pittsburgh, PA 15222-4004

FROM: Service Officer
VFW Post 9876
[Street Address]
Chonburi 12345 Thailand

SUBJECT: Death of a VA Disabled Veteran **[OR]** Death of a VA Veteran Survivor

Ref: Deceased Veteran: Doe, John B., SFC, U.S. Army (Retired), SSN 123-45-6789
VA Claim No. 123456
Widow: Doe, Jane C., SSN 123-45-6789 **[or ITIN]**

1. As the Service Officer for VFW Post 9876, Pattaya, Thailand, I am informing you of ...
the death of a VA disabled veteran/beneficiary receiving pension payments.
the death of a widow/widower of a veteran receiving pension payments.
a Veteran corresponding with the VA for the purpose of...
2. The enclosed copy of the Department of State - Report of the Death of an American Citizen Abroad (DS-2060) (encl 1) should contain the necessary information. Please let us know if you require additional information.

JOHN B. SMITH, Maj, USMC (Ret)
Service Officer, VFW Post 9876

Tel: +66-8x-xxx-xxxx
Email: xxxxxxxx@xxxxx.xxx

(1) Encl
Department of State - Report of the Death of an American Citizen Abroad (DS-2060).
[OR]
Thai Death Certificate with Certified English Translation.

August 1, 2014

MEMORANDUM FOR Big Bank Corporation
1234 Spending Way
Anytown, USA 12345

FROM: Mrs. Jane A. Doe (Widow)
JUSMAG-THAI
Box-R #xxxx [OR] [Street Address]
APO AP 96546

SUBJECT: Death of Bank Account Holder; Doe, John A.; SSN 123-45-6789

Ref: Doe, John A. SSN 123-45-6789
Doe, Jane B. SSN 987-65-4321 [If Joint Account]
Account #0987654321

1. I am the widow of John A. Doe who died on July 15, 2014 (encl 1).
2. The enclosed statement (encl 2) has the information on [his / our] account.
3. I am requesting that the account be now in my name only; therefore, please provide me with the applicable forms and instructions to do so.
4. Please also provide me with fifty (50) blank checks with the below information on it. This address will also be my address for statements:

Mrs. Jane A. Doe (Widow)
1234 Sukhumvit Soi 101 [OR] [APO Box]
Bangkok 12345
[OR]

1. Please close the account and inform me of any required actions needed to settle it, including sending me any applicable forms and instructions.
2. The account has been receiving via the U.S. Direct Deposit System, deposits from "DFAS-C"; his military retired pay and annuity from the Social Security Administration [and VA, etc]. Any credits after the date of his death will be returned.

Jane A. Doe
Tel: +66-8x-xxx-xxxx

(2) Encl

1. U.S. Embassy Report of the Death of an American Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with Certified English Translation.
2. Photocopy of latest Bank Account Statement.

L-11

August 1, 2014

MEMORANDUM FOR Big Bank Corporation
1234 Spending Way
Anytown, USA 12345

FROM: Mrs. Jane A. Doe (Widow)
JUSMAG-THAI
Box-R #xxxx [OR] [Street Address]
APO AP 96546

SUBJECT: Death of Credit Card Holder; Doe, John A.; SSN 123-45-6789

Ref: Doe, John A. SSN 123-45-6789
Doe, Jane B. SSN 987-65-4321 [If Joint Account]
Credit Card Account #0987654321

1. I am the widow of John A. Doe who died on July 15, 2014 (encl 1).

[If the Card is in One Name]

2. Please inform me of any required actions that I should take as his primary next of kin.

[Do Not Commit the Widow to any Action or Provide any Information She may know about such as a Credit or Debit Balance in the Account.]

[If there are Two Names on the Card]

1. I would like the account continued in my name; therefore, please provide me with the applicable forms and instructions to do so.

[OR]

2. Please close the account and inform me of any required actions needed to settle it, including sending me any applicable forms and instructions.

Jane A. Doe
Tel: +66-8x-xxx-xxxx

(2) Encl

1. U.S. Embassy Report of the Death of an American Citizen Abroad (DS-2060).

[OR] Thai Death Certificate with Certified English Translation.

2. Photocopy of latest Credit Card Statement.

L-12

August 1, 2014

MEMORANDUM FOR:

Equifax
Office of Consumer Affairs
P.O. Box 150139
Atlanta, GA 30348

Experian
P.O. Box 9701
Allen, TX 75013

Trans Union
P.O. Box 6790
Fullerton, CA 92834

FROM: Mrs. Jane A. Doe (Widow)
JUSMAG-THAI
Box-R #xxxx
APO AP 96546

[OR]

[Street Address]

SUBJECT: Death of Doe, John A., SSN 123-45-6789

Dear Sir or Madam,

I am the surviving spouse of John A. Doe who passed away on July 15, 2014 (encl 1). Please annotate my deceased husband's credit record accordingly.

Respectfully,

Jane A. Doe
Tel: +66-8x-xxx-xxxx

(1) Encl
U.S. Embassy Report of the Death of an American Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with Certified English Translation.

August 1, 2014

MEMORANDUM FOR XYX Insurance Corporation of Liberia
1234 Main St.
Anytown, USA 12345

FROM: Mrs. Jane A. Doe (Widow)
JUSMAG-THAI
Box-R #xxxx [OR] [Street Address]
APO AP 96546

SUBJECT: Death of Insurance Policy Holder; Doe, John A.; SSN 123-45-6789

Ref: Doe, John A. SSN 123-45-6789
Insurance Policy Type: Life
Insurance Policy No 9876654

1. I am the widow of John A. Doe who died on July 15, 2014 (encl 1).
2. Information on the policy names me the beneficiary (encl 3).
3. Enclosed is the completed and signed claim form that was with the policy (encl 2).
[OR]
3. Please send me the forms and information needed to submit my claim.

Jane A. Doe
Tel: +66-8x-xxx-xxxx

(3) Encl

1. U.S. Embassy Report of the Death of an American Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with Certified English Translation.
2. Claim Form.
3. Photocopy of Policy Pages.

August 1, 2014

MEMORANDUM FOR VA Regional Office
Foreign Claims
1000 Liberty Ave.
Pittsburgh, PA 15222-4004

FROM: Mrs. Jane A. Doe (Widow)
JUSMAG-THAI
Box-R #xxxx [OR] [Street Address]
APO AP 96546

SUBJECT: Informal Claim - Intent to Claim VA DP, DIC, and AOP Benefits

Ref: Deceased: Doe, John B. SSN 123-45-6789
VA Claim No. 123 76 8945

Widow: Doe, Jane A. SSN 987-65-4321

1. This letter serves as notifying the Department of Veterans Affairs of my intent to claim VA [Dependency and Indemnity Compensation (DIC)] [Improved Death Pension] [Arrears of Pay] benefits as the widow of an eligible veteran, Doe, John B., beginning with the date of his death on July 15, 2014 (encl 1).
2. Please send me the applicable forms and instructions to present my application.

Jane A. Doe

Tel: +66-8x-xxx-xxxx
Email: xxxxxx@xxxxx.xxx

(1) Encl
U.S. Embassy Report of the Death of an American Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with Certified English Translation.

August 1, 2014

MEMORANDUM FOR National Personnel Records Center
Military Personnel Records
9700 Page Ave.
St. Louis, MO 63132-5100

FROM: Mrs. Jane Doe
JUSMAG-THAI
Box-R #xxxx
APO AP 96546

SUBJECT: Consent of Next-of-Kin to Release Information and/or Copies of Documents

Ref: Deceased: Doe, John M., SSG, USA (Veteran) SSN 987-65-4321
Widow: Doe, Jane (NMI) SSN None

1. As the unremarried surviving spouse of Doe, John M., SSG, USA (Veteran), I authorize the National Personnel Records Center, or other custodian of my deceased husband's military service record, to release to (your name or that of your company and/or organization) the following information and/or copies of documents from his military service record:

- **DD-214s and DD-215s.**
- **Awards and Decorations History.**

2. Basic information supporting this request:
Veteran: Doe, John M., SSG, USA (Retired)
Service #Axxxxxxxxx (if applicable)
SSN 987-65-4321
Branch of Service: U.S. Army
Dates of Service: 1 April 1964 to 31 March 1968
Date and Place of Birth: 18 August 1932 / Miami FL

3. Please let me know if you require further information.

Sincerely,

Mrs. Jane (NMI) Doe

Tel: +66-8x-xxx-xxxx
Email: GIJane@anywhere.com

L-17

EXAMPLE

Form **W-7**
 (Rev. January 2010)
 Department of the Treasury
 Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ See instructions.

▶ For use by individuals who are not U.S. citizens or permanent residents.

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.

| FOR IRS USE ONLY | | | |
|------------------|--|--|--|
| | | | |
| | | | |
| | | | |

Before you begin:

- **Do not submit** this form if you have, or are eligible to get, a U.S. social security number (SSN).
- Getting an ITIN does not change your immigration status or your right to work in the United States and does not make you eligible for the earned income credit.

Reason you are submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box b, c, d, e, f, or g, you must file a tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a Nonresident alien required to get ITIN to claim tax treaty benefit
- b Nonresident alien filing a U.S. tax return
- c U.S. resident alien (based on days present in the United States) filing a U.S. tax return
- d Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶
- e Spouse of U.S. citizen/resident alien }
- f Nonresident alien student, professor, or researcher filing a U.S. tax return or claiming an exception
- g Dependent/spouse of a nonresident alien holding a U.S. visa
- h Other (see instructions) ▶

Additional information for a and f: Enter treaty country ▶ **Thailand** and treaty article number ▶ **21**

| | | | |
|-----------------------------------|------------------------------|--------------------------------|-----------------------------|
| Name (see instructions) | 1a First name Jane | Middle name Jamakkan | Last name Johnson |
| | 1b First name Jane | Middle name Jamakkan | Last name Leavem |

Applicant's mailing address

2 Street address, apartment number, or rural route number. If you have a P.O. box, see page 4.
JUSMAG-THAI Box-R #9876

City or town, state or province, and country. Include ZIP code or postal code where appropriate.
AP0 AP 96546

Foreign (non-U.S.) address
(if different from above)
(see instructions)

3 Street address, apartment number, or rural route number. Do not use a P.O. box number.
7/89 Sukhumvit Rd., Soi 123

City or town, state or province, and country. Include ZIP code or postal code where appropriate.
Bangkok 12345 Thailand

Birth information

| | | | |
|---|-------------------------------------|--|---|
| 4 Date of birth (month / day / year) 07 / 27 / 1943 | Country of birth Thailand | City and state or province (optional) Udon Thani | 5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
|---|-------------------------------------|--|---|

Other information

| | | |
|--|---|--|
| 6a Country(ies) of citizenship Thailand | 6b Foreign tax I.D. number (if any) N/A | 6c Type of U.S. visa (if any), number, and expiration date N/A |
| 6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other | | |
| Issued by: No.: Exp. date: / / Entry date in United States / / | | |
| 6e Have you previously received a U.S. temporary taxpayer identification number (TIN) or employer identification number (EIN)? <input checked="" type="checkbox"/> No/Do not know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). | | |
| 6f Enter: TIN or EIN ▶ and Name under which it was issued ▶ | | |
| 6g Name of college/university or company (see instructions) N/A City and state Length of stay | | |

Sign Here

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to disclose to my acceptance agent returns or return information necessary to resolve matters regarding the assignment of my IRS individual taxpayer identification number (ITIN), including any previously assigned taxpayer identifying number.

| | | |
|--|--|--|
| Signature of applicant (if delegate, see instructions) Jane J. Johnson | Date (month / day / year) 01 / 04 / 2010 | Phone number (---) +66-81-234-9876 |
| Name of delegate, if applicable (type or print) N/A | Delegate's relationship to applicant <input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of Attorney | |

Acceptance Agent's Use ONLY

| | | |
|--------------------------------|---------------------------|-------------|
| Signature | Date (month / day / year) | Phone () |
| Name and title (type or print) | | Fax () |
| | Name of company | EIN |
| | | Office Code |

Example

Form **W-8BEN**

(Rev. February 2006)

Department of the Treasury
Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual W-9
- A person claiming that income is effectively connected with the conduct of a trade or business in the United States W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) W-8ECI or W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) W-8ECI or W-8EXP

Note: These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.

- A person acting as an intermediary W-8IMY

Note: See instructions for additional exceptions.

Instead, use Form:

Part I Identification of Beneficial Owner (See instructions.)

| | | | | |
|--|--|---|--|--|
| 1 Name of individual or organization that is the beneficial owner JANE J. JOHNSON | | 2 Country of incorporation or organization THAILAND | | |
| 3 Type of beneficial owner: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> International organization <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation | | | | |
| 4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 69 SOI PING-PONG, MEKONG ROAD City or town, state or province. Include postal code where appropriate. BANGKOK 56789 | | | | Country (do not abbreviate) THAILAND |
| 5 Mailing address (if different from above) JUSMAG-THAI BOX-R #9876 City or town, state or province. Include postal code where appropriate. APO AP 96546 | | Country (do not abbreviate) | | |
| 6 U.S. taxpayer identification number, if required (see instructions) 789-56-1234 | | 7 Foreign tax identifying number, if any (optional) <input checked="" type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN | | |
| 8 Reference number(s) (see instructions) 0123456789 | | | | |

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

a The beneficial owner is a resident of **THAILAND** within the meaning of the income tax treaty between the United States and that country.

b If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).

c The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).

d The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).

e The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article **21** of the treaty identified on line 9a above to claim a **0** % rate of withholding on (specify type of income): **SBP ANNUITY**
Explain the reasons the beneficial owner meets the terms of the treaty article: **SURVIVOR BENEFIT PLAN FROM THE U.S. ARMY.**

Part III Notional Principal Contracts

11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- 1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
 - 2 The beneficial owner is not a U.S. person.
 - 3 The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and
 - 4 For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.
- Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here ▶

Jane J. Johnson
Signature of beneficial owner (or individual authorized to sign for beneficial owner)

10/25/2009
Date (MM-DD-YYYY)

SELF
Capacity in which acting

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25047Z

Form **W-8BEN** (Rev. 2-2006)

Example

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/evetrecs/> *

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

| | | | | | | |
|--|-------------------|--|---------------------------------------|---|----------|---|
| 1. NAME USED DURING SERVICE (last, first, and middle) JOHNSON, JONATHAN JAY | | 2. SOCIAL SECURITY NO. 987-65-4321 | 3. DATE OF BIRTH 11/24/1926 | 4. PLACE OF BIRTH BROOKLYN, N.Y. | | |
| 5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.) | | | | | | |
| | BRANCH OF SERVICE | DATE ENTERED | DATE RELEASED | OFFICER | ENLISTED | SERVICE NUMBER (If unknown, write "unknown") |
| a. ACTIVE COMPONENT | US ARMY | 1954/10/06 | 1971/08/01 | | X | A 1 234 5678 |
| | US NAVY | 1945/01/18 | 1954/10/05 | | X | N 8765 4321 |
| b. RESERVE COMPONENT | | | | | | |
| c. NATIONAL GUARD | | | | | | |
| 6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 2009/10/19 | | | | 7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES | | |

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:

- DD Form 214 or equivalent.** This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one DD214. Check the appropriate box below to specify a deleted or undeleted copy. When was the DD Form(s) 214 issued? YEAR(S):
- UNDELETED:** Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
- DELETED:** The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.
- All Documents in Official Military Personnel File (OMPF)**
- Medical Records** (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, provide facility name and date for each admission:
- Other (Specify):** **SERVICE ON THE GROUND IN VIETNAM, 1962-1975.**

2. PURPOSE: (An explanation of the purpose of the request is strictly voluntary; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- Benefits Employment VA Loan Programs Medical Medals/Awards Genealogy Correction Personal
- Other, explain:

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.)

- Military service member or veteran identified in Section I, above
- Next of kin of deceased veteran (Must provide proof of death.)
- Legal guardian (Must submit copy of court appointment.)
- Other (specify) _____

Show relationship: **SURVIVING SPOUSE**

(See item 2a on accompanying instructions.)

2. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

JANE J. JOHNSON
Name
JUSMAG-THAI Box-R#9876
Street Apt.
APO AP 96546
City State Zip Code

3. AUTHORIZATION SIGNATURE REQUIRED (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Jane Johnson
Signature Required - Do not print
2009/10/25 (____) **+66-81-234-9876**
Date of this request Daytime phone
Very-Sad@widow.com
Email address

Example

SF 1174 (Back)

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 NONE 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

N/A

(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? No
(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? YES (If paid, receipted bill of the undertaker must be attached hereto.)
(Yes or No)

Whose money was used to pay the funeral expenses? MY OWN FUNDS.

**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.**

Jane Johnson 2009/10/25 N/A
(Signature of claimant) (Date) (Signature of claimant) (Date)

JUSMAG-THAI Box-R# 9876 _____
(Street address) (Street address)

APO AP 96546 _____
(City, State, and ZIP code) (City, State, and ZIP code)

TWO WITNESSES ARE REQUIRED

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

Joe Smith Peter Long
(Signature of witness) (Signature of witness)

JUSMAG-THAI Box-R# 8765 JUSMAG-THAI Box-R# 7654
(Street address) (Street address)

APO AP 96546 APO AP 96546
(City, State, and ZIP code) (City, State, and ZIP code)

All Federal checks in possession of the claimant, drawn to the order of the decedent, in payment of pay and allowances should accompany this claim.

Example

APPLICATION FOR LUMP-SUM DEATH PAYMENT*

I apply for all insurance benefits for which I am eligible under Title II (Federal Old-Age, Survivors, and Disability Insurance) of the Social Security Act, as presently amended, on the named deceased's Social Security record.

(This application must be filed within 2 years after the date of death of the wage earner or self-employed person.)

* This may also be considered an application for insurance benefits payable under the Railroad Retirement Act.

| | | |
|----|--|---|
| 1. | (a) PRINT name of Deceased Wage Earner or Self-Employed Person (herein referred to as the "deceased") | FIRST NAME, MIDDLE INITIAL, LAST NAME JONATHAN J. JOHNSON |
| | (b) Check (X) one for the deceased | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| | (c) Enter deceased's Social Security Number | 9871654321 |
| 2. | PRINT your name | FIRST NAME, MIDDLE INITIAL, LAST NAME JANE J. JOHNSON |
| 3. | Enter date of birth of deceased (Month, day, year) | 11 / 24 / 1926 |
| 4. | (a) Enter date of death (Month, day, year) | 10 / 19 / 2009 |
| | (b) Enter place of death (City and State) | BANGKOK, THAILAND |
| 5. | (a) Did the deceased ever file an application for Social Security benefits, a period of disability under Social Security, supplemental security income, or hospital or medical insurance under Medicare? | <input checked="" type="checkbox"/> Yes (If "Yes," answer (b) and (c).) <input type="checkbox"/> No (If "No" or "Unknown," go on to item 6.) <input type="checkbox"/> Unknown |
| | (b) Enter name(s) of person(s) on whose Social Security record(s) other application was filed. | FIRST NAME, MIDDLE INITIAL, LAST NAME SEE #1(a). |
| | (c) Enter Social Security Number(s) of person(s) named in (b). (If unknown, so indicate) | 9871654321 |
| 6. | ANSWER ITEM 6 ONLY IF THE DECEASED WORKED WITHIN THE PAST 2 YEARS. NO WORK. | |
| | (a) About how much did the deceased earn from employment and self-employment during the year of death? | AMOUNT \$ |
| | (b) About how much did the deceased earn the year before death? | AMOUNT \$ |
| 7. | ANSWER ITEM 7 ONLY IF THE DECEASED DIED PRIOR TO AGE 66 AND WITHIN THE PAST 4 MONTHS. | |
| | (a) Was the deceased unable to work because of illness, injuries or conditions at the time of death? | <input type="checkbox"/> Yes (If "Yes," answer (b).) N/A <input type="checkbox"/> No (If "No," go on to item 8.) |
| | (b) Enter the date the deceased became unable to work (Month, day, year) | |
| 8. | (a) Was the deceased in the active military or naval service (including Reserve or National Guard active duty or active duty for training) after September 7, 1939 and before 1968? | <input checked="" type="checkbox"/> Yes (If "Yes," answer (b) and (c).) <input type="checkbox"/> No (If "No," go on to item 9.) |
| | (b) Enter dates of service. | From: (Month, Year) JAN 1945 To: (Month, Year) AUG 1971 |
| | (c) Has anyone (including the deceased) received, or does anyone expect to receive, a benefit from any other Federal agency? | <input checked="" type="checkbox"/> Yes SEE REMARKS <input type="checkbox"/> No |
| 9. | Did the deceased work in the railroad industry for 7 years or more? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Example

| | | | |
|--|---|--|---|
| 10. | (a) Did the deceased ever engage in work that was covered under the social security system of a country other than the United States? _____ (b) If "Yes," list the country(ies). _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes," answer (b).) (If "No," go on to item 11.) | |
| 11. | Is the deceased survived by a spouse or ex-spouse? (If "No," go on to item 12. If "Yes," give the following information about all marriages of the deceased including marriage in effect at time of death.) (If you need more space, use "Remarks" section on back page or attach a separate sheet.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | To whom married (Name at Birth) | When (Month, day, year) | Where (Enter name of City and State) |
| | JANE J. LEAVEM | 12/24/1963 | BANGKOK, THAILAND |
| Last marriage of the deceased | How marriage ended | When (Month, day, year) | Where (Enter name of City and State) |
| | DEATH | 10/19/2009 | BANGKOK, THAILAND |
| | Marriage performed by: | Spouse's date of birth (or age) | If spouse deceased, give date of death |
| | <input checked="" type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks) | JULY 27, 1943 | N/A |
| | Spouse's Social Security Number (If none or unknown, so indicate) NONE ___ / ___ / ___ | | |
| | To whom married (Name at Birth) | When (Month, day, year) | Where (Enter name of City and State) |
| | KATHY E. BARFLY | 05/14/1948 | NORFOLK, VIRGINIA |
| Previous marriage of the deceased If none write "None." | How marriage ended | When (Month, day, year) | Where (Enter name of City and State) |
| | DIVORCE | 09/16/1950 | NORFOLK, VIRGINIA |
| | Marriage performed by: | Spouse's date of birth (or age) | If spouse deceased, give date of death |
| | <input checked="" type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks) | FEB 27, 1928 | N/A |
| | Spouse's Social Security Number (If none or unknown, so indicate) 999/88/7777 | | |
| 12. | The deceased's surviving children (including natural children, adopted children, and stepchildren) or dependent grandchildren (including stepgrandchildren) may be eligible for benefits based on the earnings record of the deceased. | | |
| | List below ALL such children who are now or were in the past 12 months UNMARRIED and: • UNDER AGE 18 • AGE 18 TO 19 AND ATTENDING SECONDARY SCHOOL • DISABLED OR HANDICAPPED (age 18 or over and disability began before age 22) (If none, write "None.") | | |
| | Full Name of Child | Full Name of Child | |
| | JAMES JON JOHNSON | | |
| | | | |
| | | | |
| 13. | Is there a surviving parent (or parents) of the deceased who was receiving support from the deceased either at the time the deceased became disabled under the Social Security law or at the time of death? _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes," enter the name and address of the parent(s) in "Remarks".) | |
| 14. | Have you filed for any Social Security benefits on the deceased's earnings record before? _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | NOTE: If there is a surviving spouse, continue with item 15. If not, skip items 15 through 18. | | |
| 15. | If you are not the surviving spouse, enter the surviving spouse's name and address here N/A | | |
| 16. | (a) Were the deceased and the surviving spouse living together at the same address when the deceased died? _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," go on to item 17.) (If "No," answer (b).) | |
| | (b) If either the deceased or surviving spouse was away from home (whether or not temporarily) when the deceased died, give the following: | | |
| | Who was away? _____ <input type="checkbox"/> Deceased <input type="checkbox"/> Surviving spouse | | |
| | Date last home | Reason absence began | Reason they were apart at time of death |
| | | | |
| | If separated because of illness, enter nature of illness or disabling condition. | | |

Example

If you are the surviving spouse, and If you are under age 66, answer 17.

| | | |
|-----|--|--|
| 17. | (a) Are you so disabled that you cannot work or was there some period during the last 14 months when you were so disabled that you could not work? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | (b) If "Yes," enter the date you became disabled. _____ | (Month, day, year) |

Answer 18 ONLY if you are the surviving spouse.


| | | |
|-----|---|---|
| 18. | Were you married before your marriage to the deceased? (If "Yes," give the following about each of your previous marriages. If you need more space, use "Remarks" section on back page or attach a separate sheet.) _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|-----|---|---|

| | | |
|---------------------------------|---|--|
| To whom married (Name at Birth) | When (Month, day, year) | Where (Enter name of City and State) |
| MASON C. TEMPLE | 03/16/1962 | KORAT, THAILAND |
| Your previous marriage | How marriage ended | When (Month, day, year) |
| | DIVORCE | 10/11/1963 |
| | Marriage performed by: | Where (Enter name of City and State) |
| | <input checked="" type="checkbox"/> Clergyman or public official | CHIANG MAI, THAILAND |
| | <input type="checkbox"/> Other (Explain in Remarks) | |
| | Spouse's date of birth (or age) | If spouse deceased, give date of death |
| | JUNE 18, 1933 | N/A |
| | Spouse's Social Security Number (If none or unknown, so indicate) | |
| | | NONE / / |

Remarks: (You may use this space for any explanation. If you need more space, attach a separate sheet.)

ITEM #8(c): I AM APPLYING FOR DEPT. OF VETERANS AFFAIRS BENEFITS.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

| | |
|---|--|
| SIGNATURE OF APPLICANT | Date (Month, day, year) |
| Signature (First name, middle initial, last name) (Write in ink) | 10/25/2009 |
|  | Telephone Number(s) at Which You May Be Contacted During the Day |
| | --- +66-81-234-9876 (Area Code) |

| | | |
|---|----------|---|
| Mailing Address (Number and street, Apt. No., P.O. Box, or Rural Route) | | |
| JUSMAG-THAI Box-R #9876 | | |
| City and State | ZIP Code | Enter Name of County (if any) in which you now live |
| APO AP | 96546 | |

Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

| | |
|--|--|
| 1. Signature of Witness | 2. Signature of Witness |
| Address (Number and street, City, State, and ZIP Code) | Address (Number and street, City, State, and ZIP Code) |

SOCIAL SECURITY ADMINISTRATION

APPLICATION FOR WIDOW'S OR WIDOWER'S INSURANCE BENEFITS*

(Do not write in this space)

I apply for all insurance benefits for which I am eligible under Title II (Federal Old-Age, Survivors, and Disability Insurance) and Part A of Title XVIII (Health Insurance for the Aged and Disabled) of the Social Security Act, as presently amended. The information you furnish on this application will ordinarily be sufficient for a determination on the lump-sum death payment.

*This may also be considered an application for survivors benefits under the Railroad Retirement Act and for Veterans Administration payments under title 38 U.S.C., Veterans Benefits, Chapter 13 (which is, as such, an application for other types of death benefits under title 38).

If you were receiving benefits as a wife/husband at the time of your spouse's death, you need complete only the circled items. All other claimants must complete the entire form.

| | | |
|----|---|--|
| 1. | (a) PRINT name of deceased wage earner or self-employed person (herein referred to as the "deceased") | FIRST NAME, MIDDLE INITIAL, LAST NAME <u>JONATHAN J. JOHNSON</u> |
| | (b) Check (X) one for the deceased | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| | (c) Enter deceased's Social Security Number | <u>9 8 7 6 5 4 3 2 1</u> |
| 2. | (a) PRINT your name | FIRST NAME, MIDDLE INITIAL, LAST NAME <u>JANE J. JOHNSON</u> |
| | (b) Enter your Social Security Number | <u>NONE</u> |
| | (c) Enter your name at birth if different from item 2(a) | FIRST NAME, MIDDLE INITIAL, LAST NAME <u>JANE J. LEAVEM</u> |

PART I -- INFORMATION ABOUT THE DECEASED

| | | |
|----|--|---|
| 3. | Enter date of birth of deceased | MONTH, DAY, YEAR <u>11 24 1926</u> |
| 4. | (a) Enter date of death | MONTH, DAY, YEAR <u>10 19 2009</u> |
| | (b) Enter place of death | CITY AND STATE <u>BANGKOK, THAILAND</u> |
| 5. | Enter name of the State or foreign country where the deceased had a fixed, permanent home at the time of death. | <u>CHON BURI, THAILAND</u> |
| 6. | (a) Did the deceased ever file an application for Social Security benefits, a period of disability under Social Security, supplemental security income, or hospital or medical insurance under Medicare? <i>If unknown, check this block <input type="checkbox"/></i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," answer (b) and (c).) (If "No," go on to item 7.)</i> |
| | (b) Enter name(s) of person(s) on whose Social Security record(s) other application was filed. | FIRST NAME, MIDDLE INITIAL, LAST NAME <u>SEE #1(a)</u> |
| | (c) Enter Social Security Number(s) of person(s) named in (b). <i>If unknown, check this block <input type="checkbox"/></i> | <u>9 8 7 6 5 4 3 2 1</u> |

Answer Item 7 Only if the Deceased Died Prior to Full Retirement Age or Prior to 1 Year Past Full Retirement Age, and Within the Past 4 Months.

| | | |
|----|---|---|
| 7. | (a) Was the deceased unable to work because of illnesses, injuries or conditions at the time of death? | <input type="checkbox"/> Yes <u>N/A</u> <input type="checkbox"/> No <i>(If "Yes," answer (b).) (If "No," go on to item 8.)</i> |
| | (b) Enter the date the deceased became unable to work. | MONTH, DAY, YEAR |
| 8. | (a) Was the deceased in the active military or naval service (including Reserve or National Guard active duty or active duty for training) after September 7, 1939 and before 1968? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," answer (b) and (c).) (If "No," go on to item 9.)</i> |
| | (b) Enter dates of service. | (Month, year) (Month, year) FROM: <u>JAN 1945</u> TO: <u>AUG 1971</u> |
| | (c) Has anyone (including the deceased) received, or does anyone expect to receive, a benefit from any other Federal agency? | <input checked="" type="checkbox"/> Yes <u>SEE REMARKS</u> <input type="checkbox"/> No |

Example

ANSWER ITEM 9 ONLY IF DEATH OCCURRED WITHIN THE LAST 2 YEARS.

| | | |
|------|--|---|
| 9. | (a) About how much did the deceased earn from employment and self-employment during the year of death? _____ | Amount \$ - 0 - |
| | (b) About how much did the deceased earn the year before death? _____ | Amount \$ - 0 - |
| (10) | (a) Did the deceased have wages or self-employment income covered under Social Security in all years from 1978 through last year? _____ | <input type="checkbox"/> Yes <i>(If "Yes," skip to item 11.)</i> <input checked="" type="checkbox"/> No <i>(If "No," answer (b).)</i> |
| | (b) List the years from 1978 through last year in which the deceased did not have wages or self-employment income covered under Social Security. → | UNKNOWN |

11. **CHECK IF APPLICABLE:**
 I am not submitting evidence of the deceased's earnings that are not yet on his/her earnings record. I understand that these earnings will be included automatically within 24 months, and any increase in my benefits will be paid with full retroactivity.

12. Enter below the information requested about each marriage of the deceased, including the marriage to you.

| | | | |
|---|--|--|--|
| To whom married JANE J. LEAVEM | When (Month, Day, and Year) 12/24/1963 | Where (Enter name of City and State) BANGKOK, THAILAND | |
| Last marriage of the deceased | How marriage ended DEATH | When (Month, Day, and Year) 10/19/2009 | |
| | Where (Enter name of City and State) BANGKOK, THAILAND | Where (Enter name of City and State) BANGKOK, THAILAND | |
| | Marriage performed by: <input checked="" type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks) | Spouse's date of birth JULY 27, 1943 | If spouse deceased, give date of death N/A |
| | Spouse's Social Security Number (If none or unknown, so indicate) _____ | | NONE |
| To whom married KATHY E. BARFLY | When (Month, Day, and Year) 05/14/1948 | Where (Enter name of City and State) NORFOLK, VIRGINIA | |
| Previous marriage of the deceased (IF NONE, WRITE "NONE.") | How marriage ended DIVORCE | When (Month, Day, and Year) 09/16/1950 | |
| | Where (Enter name of City and State) NORFOLK, VIRGINIA | Where (Enter name of City and State) NORFOLK, VIRGINIA | |
| | Marriage performed by: <input checked="" type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks) | Spouse's date of birth FEB 27, 1928 | If spouse deceased, give date of death N/A |
| | Spouse's Social Security Number (If none or unknown, so indicate) _____ | | 999 88 7777 |

USE "REMARKS" SPACE ON BACK PAGE FOR INFORMATION ABOUT ANY OTHER PREVIOUS MARRIAGE

(13) Is there a surviving parent (or parents) who was receiving support from the deceased at the time of death or at the time the deceased became disabled under Social Security Law? _____

Yes No
(If "Yes," enter the name and address in "Remarks.")

PART II -- INFORMATION ABOUT YOURSELF

14. (a) Enter name of State or foreign country where you were born. → THAILAND

If you have already presented, or if you are now presenting, a public or religious record of your birth established before you were age 5, go on to item 15.

| | |
|---|--|
| (b) Was a public record of your birth made before age 5? _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| (c) Was a religious record of your birth made before age 5? _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

Example

15 Enter below information about each of your marriages. Indicate your marriage to the deceased by entering deceased's name (if you are applying for widower's benefits, enter the maiden name of the deceased); it is not necessary to repeat other information about this marriage you have already given in item 12. Enter complete information on all other marriages, whether before or after you married the deceased.

| | | | |
|---|---|-----------------------------|--|
| To whom married | | When (Month, Day, and Year) | Where (Enter name of City and State) |
| JONATHAN J. JOHNSON | | 12/24/1963 | BANGKOK, THAILAND |
| Your current or last marriage | How marriage ended | When (Month, Day, and Year) | Where (Enter name of City and State) |
| | DEATH | 10/19/2009 | BANGKOK, THAILAND |
| | Marriage performed by: | Spouse's date of birth | If spouse deceased, give date of death |
| | <input checked="" type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks) | Nov 24, 1926 | OCT 19, 2009 |
| Spouse's Social Security Number (If none or unknown, so indicate) | | | 9 8 7 6 5 4 3 2 1 |
| To whom married | | When (Month, Day, and Year) | Where (Enter name of City and State) |
| MASON C. TEMPLE | | 03/16/1962 | KORAT, THAILAND |
| Your previous marriage (IF NONE WRITE "NONE") | How marriage ended | When (Month, Day, and Year) | Where (Enter name of City and State) |
| | DIVORCE | 10/11/1963 | CHIANG MAI, THAILAND |
| | Marriage performed by: | Spouse's date of birth | If spouse deceased, give date of death |
| | <input checked="" type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks) | JUNE 18, 1933 | N/A |
| Spouse's Social Security Number (If none or unknown, so indicate) | | | NONE |

USE "REMARKS" SPACE FOR INFORMATION ABOUT ANY OTHER MARRIAGE

IF YOU ARE APPLYING FOR SURVIVING DIVORCED SPOUSE'S BENEFITS, OMIT 16 AND GO ON TO ITEM 17.

16

(a) Were you and the deceased living together at the same address when the deceased died? Yes No
(If "Yes," skip to item 17.) (If "No," answer (b).)

(b) If either you or the deceased were away from home (whether or not temporarily) when the deceased died, give the following:
 Who was away? Deceased Surviving spouse

Date last at home: _____ Reason absence began: _____ Reason you were apart at time of death: _____

If separated because of illness, enter nature of illness or disabling condition.

17. (a) Have you (or has someone on your behalf) ever filed an application for Social Security benefits, a period of disability under Social Security, supplemental security income, or hospital or medical insurance under Medicare? Yes No
(If "Yes," answer (b) and (c).) (If "No," go on to item 18.)

(b) Enter name of person on whose Social Security record you filed other application

(c) Enter Social Security Number of person named in (b).
(if unknown, so indicate) _____

Example

| DO NOT ANSWER QUESTION 18 IF YOU ARE FULL RETIREMENT AGE OR OLDER. GO ON TO QUESTION 19. | |
|--|---|
| 18. | <p>(a) Are you, or during the past 14 months have you been, unable to work because of illnesses, injuries or conditions? _____</p> <p>(b) Enter the date you became unable to work. _____ (Month, day, year)</p> |
| 19. | <p>Were you in the active military or naval service (including Reserve or National Guard <i>active</i> duty or active duty for training) after September 7, 1939 and before 1968? _____</p> |
| 20. | <p>Did you or the deceased work in the railroad industry for 5 years or more? _____</p> |
| 21. | <p>(a) Did you or the deceased have Social Security credits (for example, based on work or residence) under another country's Social Security System? _____</p> <p>(b) If "Yes," list the country(ies). _____</p> |
| 22. | <p>(a) Have you qualified for, or do you expect to qualify for, a pension or annuity (or a lump sum in place of a pension or annuity) based on your own employment and earnings for the Federal Government of the United States, or one of its States or local subdivisions? <i>(Social Security benefits are not government pensions.)</i> _____</p> <p>(b) <input type="checkbox"/> I receive a government pension or annuity. <input type="checkbox"/> I have not applied for but I expect to begin receiving my pension or annuity:</p> <p><input type="checkbox"/> I received a lump sum in place of a government pension or annuity. _____ (Month, year)</p> <p><input type="checkbox"/> I applied for and am awaiting a decision on my pension or lump sum. <i>(If the date is not known, enter "Unknown".)</i></p> |

MEDICARE INFORMATION

If this claim is approved and you are still entitled to benefits at age 65, you will automatically receive Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage at age 65. If you are not eligible for automatic enrollment in Medicare Part B, this application may be used for voluntary enrollment.

COMPLETE ITEM 23 ONLY IF YOU ARE WITHIN 3 MONTHS OF AGE 65 OR OLDER

In most cases, Medicare does not pay for health care you get while traveling outside the United States. Your local Social Security Office will be glad to explain more about Medicare.

Enrollment in Medicare Part B (Medical Insurance): Medicare Part B helps cover doctor's services and outpatient care. It also covers some other services that Medicare Part A doesn't cover. Once you are enrolled in Medicare Part B, you will have to pay a monthly premium. The date your Medicare Part B begins and the amount of the premium you must pay depends on the month you filed this application with the Social Security Administration. Your premiums will be deducted from any monthly Social Security, Railroad Retirement, or Office of Personnel Management benefit check you receive. If you do not receive such benefits, you will be notified how to pay your premiums. You will get advance notice if there is any change in your premium amount.

If you do not enroll in Medicare Part B now, you can enroll later only during a specified enrollment period. If you enroll later, your coverage may be delayed and you may have to pay a higher premium.

| | |
|-----|--|
| 23. | <p>Do you want to enroll in the Medicare Part B (Medical Insurance)? _____</p> |
|-----|--|

Example

ANSWER ITEM 24 ONLY IF THE DECEASED DIED BEFORE THIS YEAR.

24. (a) How much were your total earnings last year? _____ \$

(b) Place an "X" in each block for each month of last year in which you did not earn more than *\$ _____ in wages, and did not perform substantial services in self-employment. These months are exempt months. If no months were exempt months, place an "X" in "NONE." If all months were exempt months, place an "X" in "ALL."

| NONE | | ALL | |
|-------|------|------|------|
| Jan. | Feb. | Mar. | Apr. |
| May | Jun. | Jul. | Aug. |
| Sept. | Oct. | Nov. | Dec. |

*Enter the appropriate monthly limit after reading the instructions, "How Your Earnings Affect Your Benefits."

25. (a) How much do you expect your total earnings to be this year? _____ \$

(b) Place an "X" in each block for each month of this year in which you did not or will not earn more than *\$ _____ in wages, and did not or will not perform substantial services in self-employment. These months are exempt months. If no months are or will be exempt months, place an "X" in "NONE." If all months are or will be exempt months, place an "X" in "ALL."

| NONE | | ALL | |
|-------|------|------|------|
| Jan. | Feb. | Mar. | Apr. |
| May | Jun. | Jul. | Aug. |
| Sept. | Oct. | Nov. | Dec. |

*Enter the appropriate monthly limit after reading the instructions, "How Your Earnings Affect Your Benefits."

ANSWER ITEM 26 ONLY IF YOU ARE NOW IN THE LAST 4 MONTHS OF YOUR TAXABLE YEAR (SEPT., OCT., NOV., AND DEC., IF YOUR TAXABLE YEAR IS A CALENDAR YEAR).

26. (a) How much do you expect to earn next year? _____ \$ - 0 -

(b) Place an "X" in each block for each month of next year in which you do not expect to earn more than *\$ _____ in wages, and do not expect to perform substantial services in self-employment. These months will be exempt months. If no months are expected to be exempt months, place an "X" in "NONE." If all months are expected to be exempt months, place an "X" in "ALL."

| NONE | | ALL | |
|-------|------|------|------|
| Jan. | Feb. | Mar. | Apr. |
| May | Jun. | Jul. | Aug. |
| Sept. | Oct. | Nov. | Dec. |

*Enter the appropriate monthly limit after reading the instructions, "How Your Earnings Affect Your Benefits."

27. If you use a fiscal year, that is, a taxable year that does not end Month December 31 (with income tax return due April 15), enter here the month your fiscal year ends. _____ N/A

IF YOU ARE FULL RETIREMENT AGE OR OLDER, GO ON TO PAGE 6. OTHERWISE, PLEASE READ CAREFULLY THE INFORMATION ON PAGE 8 AND ANSWER ONE OF THE FOLLOWING ITEMS.

28. (a) I want benefits beginning with the earliest possible month that will be the most advantageous.

(b) I am full retirement age (or will be within 4 months) and I want benefits beginning with the earliest possible month that will be the most advantageous, providing that there is no permanent reduction in my ongoing monthly benefits.

(c) I want benefits beginning with _____. I understand that either a higher initial payment or a higher continuing monthly benefit amount may be possible, but I choose not to take it.

ANSWER QUESTION 29 ONLY IF YOU ARE NOW AT LEAST AGE 61 YEARS, 8 MONTHS.

29. Do you wish this application to be considered an application for retirement benefits on your own earnings record? Yes No

Example

| | | | |
|-----|---|------------------------------|--|
| 30. | Do you have any unsatisfied felony warrants for your arrest? _____ | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 31. | Do you have any unsatisfied Federal or State warrants for your arrest for violating the conditions of your probation or parole? _____ | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

REMARKS (You may use this space for any explanations. If you need more space, attach a separate sheet.)

8c. RECEIVING VA PENSION.

RESIDENCE ADDRESS:

JANE J. JOHNSON
 69 SOI PING-PONG
 MEKONG ROAD
 BANGKOK 56789 THAILAND

DIRECT DEPOSIT APPLIED FOR.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

| | |
|------------------------|---------------------------------------|
| SIGNATURE OF APPLICANT | Date (Month, day, year) 10/25/2009 |
|------------------------|---------------------------------------|

Signature (First name, middle initial, last name) (Write in ink)

SIGN HERE ►

Jane J. Johnson

Telephone number(s) at which you may be contacted during the day
 +66-81-234-9876
 -AREA CODE-

| | | | | |
|------------------------------|--|-----|--------------------------|--|
| FOR OFFICIAL USE ONLY | Direct Deposit Payment Address (Financial Institution) | | | <input type="checkbox"/> No Account <input type="checkbox"/> Direct Deposit Refused |
| | Routing Transit Number | C/S | Depositor Account Number | |

Applicant's Mailing Address (Number and street, Apt. No., P.O. Box, or Rural Route) (Enter Residence Address in "Remarks," if different.)

JUSMAG-THAI BOX-R #9876

| | | |
|--------------------------|-------------------|---|
| City and State APO AP | ZIP Code 96546 | Country (if any) in which you now live USA (IN THAILAND) |
|--------------------------|-------------------|---|

Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses. Also, print the applicant's name in the Signature block.

| | |
|---|---|
| 1. Signature of Witness | 2. Signature of Witness |
| Address (Number and street, City, State and zip Code) | Address (Number and street, City, State and zip Code) |

Example

SOCIAL SECURITY ADMINISTRATION

TOE 250

Form Approved
OMB No. 0960-0014

| REQUEST TO BE SELECTED AS PAYEE | FOR SSA USE ONLY | | | | | | | | FOR SSA USE ONLY | |
|---------------------------------------|-----------------------|---------|------------------|------|------|------|-------|------|------------------|--|
| | Name or Bene. Sym. | Program | Date of Birth | Type | Gdn. | Cus. | Inst. | Nam. | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

DISTRICT OFFICE CODE _____

STATE AND COUNTY CODE: _____

PRINT IN INK:

| | |
|--|---|
| The name of the NUMBER HOLDER JONATHAN J. JOHNSON | SOCIAL SECURITY NUMBER 987-65-4321 |
| The name of the PERSON(S) (if different from above) for whom you are filing (the "claimant(s)") JAMES J. JOHNSON | SOCIAL SECURITY NUMBER(S) 321-54-7698 |

Answer item 1 ONLY if you are the claimant and want your benefits paid directly to you.

1. I request that I be paid directly.

CHECK HERE and answer only items 3, 5, 6, and 8 before signing the form on page 4.

I REQUEST THAT THE SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME, BLACK LUNG OR SPECIAL VETERANS BENEFITS FOR THE CLAIMANT(S) NAMED ABOVE BE PAID TO ME AS REPRESENTATIVE PAYEE.

2. Explain why you think the claimant is not able to handle his/her own benefits.
(In your answer, describe how he/she manages any money he/she receives now.)

Claimant is a minor child.

3. Explain why you would be the best representative payee. (Use Remarks if you need more space.)

I AM THE CHILD'S NATURAL MOTHER.

4. If you are appointed payee, how will you know about the claimant's needs?

Live with me or in the institution I represent.

Daily visits.

Visits at least once a week.

By other means. Explain:

5. Does the claimant have a court-appointed legal guardian? YES NO

IF YES, enter the legal guardian's:

NAME _____

ADDRESS _____

PHONE NUMBER _____

TITLE _____

DATE OF APPOINTMENT _____

Explain the circumstances of the appointment. (Use remarks if you need more space.)

Example

6. (a) Where does the claimant live?

Alone
 In my home (Go to (b).)
 With a relative (Go to (b).)
 With someone else (Go to (b).)
 In a board and care facility (Go to (b).)

In a public institution (Go to (c).)
 In a private institution (Go to (c).)
 In a nursing home (Go to (c).)
 In the institution I represent (Go to (c).)

(b) Enter the names and relationships of any other people who live with the claimant.

| NAME | RELATIONSHIP |
|------|--------------|
| NONE | |
| | |
| | |

(c) Enter the claimant's residence and mailing addresses (if different from yours). SAME

Residence: _____ Mailing: _____ Telephone Number: _____

(d) Do you expect the claimant's living arrangements to change in the next year?
 YES NO If YES, explain what changes are expected and when they will occur. (Use Remarks if you need more space.)

7. If you are applying on behalf of minor child(ren) and you are not the parent, **I AM THE PARENT.**

Does the child(ren) have a living natural or adoptive parent? YES NO

If YES, enter: (a) Name of parent _____
 (b) Address of parent _____
 (c) Telephone number _____
 (d) Does the parent show interest in the child? YES NO

Please explain. _____

8. List the names and relationship of any (other) relatives or close friends who have provided support and/or show active interest with the claimant. Describe the type and amount of support and/or how interest is displayed.

| NAME | ADDRESS/PHONE NO. | RELATIONSHIP | DESCRIBE SUPPORT/INTEREST |
|---------------------|--|--------------|---------------------------|
| KITTAPORN NAMSAKHON | 28 SUKHUMVIT SOI 111 BANGKOK 56789 THAILAND | GRANDMOTHER | HELP TAKES CARE. |
| | +66-87-543-8765 | | |

9. Check the block that describes your relationship to the claimant.

(a) Official of bank, agency or institution with responsibility for the person. Enter below which you represent:

Bank
 Social Agency
 Public Official
 Institution:

Federal
 State/Local
 Private non-profit
 Private proprietary institution. Is the institution licensed under State law? YES NO

IF (a) ABOVE CHECKED, COMPLETE ONLY QUESTIONS 10 AND 11 AND SIGN THE FORM ON PAGE 4.

(b) Parent
 (c) Spouse
 (d) Other Relative - Specify _____
 (e) Legal Representative
 (f) Board and Care Home Operator
 (g) Other Individual - Specify _____

IF (b), (c), (d), or (e) ABOVE CHECKED, GO ON TO QUESTION 12

Example

INFORMATION ABOUT INSTITUTIONS, AGENCIES AND BANKS APPLYING TO BE REPRESENTATIVE PAYEE

10. (a) Enter the name of the institution N/A
(b) Enter the EIN of the institution _____
11. Is the claimant indebted to your institution for past care and maintenance? YES NO
If YES, give the amount of the debt, the date(s) the debt was incurred and the description of the debt.

INFORMATION ABOUT INDIVIDUALS APPLYING TO BE REPRESENTATIVE PAYEE

12. Enter: YOUR NAME JANE J. JOHNSON
DATE OF BIRTH 1943 JULY 27
SOCIAL SECURITY NUMBER NONE
ANY OTHER NAME YOU HAVE USED NONE
OTHER SSN'S YOU HAVE USED NONE
13. How long have you known the claimant? SINCE BIRTH
14. Does the claimant owe you any money now or will he/she owe you money in the future? YES NO
If YES, enter the amount he/she owes you, the date(s) the debt was/will be incurred and describe why the debt was/will be incurred.
15. If the claimant lives with you, who takes care of the claimant when work or other activity takes you away from home? What is his/her relationship to the claimant?
KITTAPORN NAMSAXHUN, GRANDMOTHER
16. (a) Main source of your income
 Employed (answer (b) below)
 Self-employed (Type of Business _____)
 Social Security or Black Lung benefits (Claim Number _____)
 Pension (describe _____)
 Supplemental Security Income payments (Claim Number _____)
 AFDC (County & State _____)
 Other Welfare (describe _____)
 Other (describe _____)
- (b) Enter your employer's name and address:

How long have you been employed by this employer? N/A
(If less than 1 year, enter name and address of previous employer in Remarks.)
17. (a) Have you ever been convicted of a felony? YES NO
If YES: What was the crime? _____
On what date were you convicted? _____
What was your sentence? _____
If imprisoned, when were you released? _____
If probation was ordered, when did/will your probation end? _____
- (b) Have you ever been convicted of any offense under federal or state law which resulted in imprisonment for more than one year? YES NO
If YES: What was the crime? _____
On what date were you convicted? _____
What was your sentence? _____
If imprisoned, when were you released? _____
If probation was ordered, when did/will your probation end? _____

Example

18. Do you have any unsatisfied FELONY warrants (or in jurisdictions that do not define crimes as felonies, a crime punishable by death or imprisonment exceeding 1 year) for your arrest? YES NO

If YES: Date of Warrant _____
 State where warrant was issued _____

19. How long have you lived at your current address? (Give Date MM/YY)
 (If less than 1 year, enter previous address in Remarks) AUGUST 2002

REMARKS: (This space may be used for explaining any answers to the questions. If you need more space, attach a separate sheet.)

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING THIS FORM

I/my organization:

- Must use all payments made to me/my organization as the representative payee for the claimant's current needs or (if not currently needed) save them for his/her future needs.
- May be held liable for repayment if I/my organization misuse the payments or if I/my organization am/is at fault for any overpayment of benefits.
- May be punished under Federal law by fine, imprisonment or both if I/my organization am/is found guilty of misuse of Social Security or SSI benefits.

I/my organization will:

- Use the payments for the claimant's current needs and save any currently unneeded benefits for future use.
- File an accounting report on how the payments were used, and make all supporting records available for review if requested by the Social Security Administration.
- Reimburse the amount of any loss suffered by any claimant due to misuse of Social Security or SSI funds by me/my organization.
- Notify the Social Security Administration when the claimant dies, leaves my/my organization's custody or otherwise changes his/her living arrangements or he/she is no longer my/my organization's responsibility.
- Comply with the conditions for reporting certain events (listed on the attached sheets(s) which I/my organization will keep for my/my organization's records) and for returning checks the claimant is not due.
- File an annual report of earnings if required.
- Notify the Social Security Administration as soon as I/my organization can no longer act as representative payee or the claimant no longer needs a payee.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

| | |
|--|--|
| SIGNATURE OF APPLICANT | DATE (Month, day, year) <u>10/25/2009</u> |
| Signature (First name, middle initial, last name) (Write in ink) | Telephone number(s) at Which You May Be Contacted During the Day |
| SIGN HERE ▶ <u>Jane Johnson</u> | <u>+66-81-234-9876</u> |

Print Your Name & Title (if a representative or employee of an institution/organization)

Mailing Address (Number and street, Apt. No., P.O. Box, or Rural Route)

JUSMAG-THAI BOX-R #9876

| | | |
|----------------|--------------|----------------|
| City and State | Zip Code | Name of County |
| <u>APO AP</u> | <u>96546</u> | |

Residence Address (Number and street, Apt. No., P.O. Box, or Rural Route)

69 SOI PING-PONG, MEKONG ROAD

| | | |
|--------------------------|--------------|----------------|
| City and State | Zip Code | Name of County |
| <u>BANGKOK, THAILAND</u> | <u>56789</u> | |

Witnesses are only required if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant making the request must sign below, giving their full addresses.

| | |
|---|---|
| 1. SIGNATURE OF WITNESS | 2. SIGNATURE OF WITNESS |
| ADDRESS (Number and street, City, State and ZIP Code) | ADDRESS (Number and street, City, State and ZIP Code) |

Example

SOCIAL SECURITY ADMINISTRATION

SUPPLEMENT TO CLAIM OF PERSON OUTSIDE THE UNITED STATES
(To be completed by or on behalf of person who is, was, or will be outside the U.S.)

For Social Security purposes, a person is outside the United States if he or she is physically outside the 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa.

| | | | | | | | | |
|----|---|--|------------------------|---------------------|---|------------------------------------|--------------------|--|
| 1. | NAME OF WORKER ON WHOSE EARNINGS THIS CLAIM IS BASED JOHNSON, JONATHAN J. | 2. WORKER'S SOCIAL SECURITY NUMBER 987-65-4321 | | | | | | |
| 3. | LIST BELOW THE FULL NAME OF THE WORKER (EVEN IF DECEASED) AND OF EACH BENEFICIARY IN THE SAME HOUSEHOLD WHO IS, WAS OR WILL BE OUTSIDE THE UNITED STATES. | COUNTRY OF BIRTH | COUNTRY WHERE YOU LIVE | | COUNTRY(IES) OF PRESENT CITIZENSHIP (Or at time of death) | IF PERSON HAS U.S. PASSPORT, LIST: | | |
| | | | PRESENT | OVER NEXT 12 MONTHS | | PASSPORT NO. | DATE ISSUED | |
| | a. | JONATHAN J. JOHNSON | USA | DECEASED | USA | P87654321 | 29 AUG 2006 | |
| | b. | JANE J. JOHNSON | THAI | THAI | THAI | P4569876 | 18 JAN 2007 | |
| | c. | | | | | | | |
| d. | | | | | | | | |

Note: All persons listed above or their representative payees must sign the certification in item 18.

4. If any beneficiary listed in item 3 was outside the U.S. this month or any of the past 24 months, or will be in the next 6 months, complete item 4 by entering the name of the beneficiary and dates (month, day and year) he or she was or will be outside the U.S. NOTE: Entries should not be made by residents of Canada or Mexico who are entering the U.S. on a daily basis to work or visit and returning each day to their residence in Canada or Mexico.

| NAME | OUTSIDE U.S. | | OUTSIDE U.S. | | DATE OF EXPECTED RETURN TO U.S. (if within the next 18 months) |
|------|---|--------------|----------------|--------------|--|
| | FROM Mo-Day-Yr | TO Mo-Day-Yr | FROM Mo-Day-Yr | TO Mo-Day-Yr | |
| a. | ALL PERSONS IN #3 ABOVE HAVE LIVED OUTSIDE THE U.S. FOR THE PAST 24 MONTHS | | | | |
| b. | AND DON'T EXPECT TO RETURN TO THE U.S. WITHIN THE NEXT 18 MONTHS. | | | | |
| c. | | | | | |
| d. | | | | | |

5. Has any person listed in item 3 been employed or self-employed outside the U.S. during any of the past 12 months? If "yes," give name and date(s) work began. Yes No

| | |
|------|---------|
| NAME | DATE(S) |
| | |
| NAME | DATE(S) |
| | |

6. Does any person listed in item 3 expect to begin employment or self-employment outside the U.S. in the future? If "yes," give name and date(s) work is expected to begin. Yes No

| | | | |
|------|------|------|------|
| NAME | DATE | NAME | DATE |
| | | | |

LIVING IN THE U.S.

7. LIST BELOW THE NAME OF THE WORKER AND OF EACH BENEFICIARY LISTED IN ITEM 3

| NAME OF THE WORKER AND OF EACH BENEFICIARY LISTED IN ITEM 3 | NO. OF YRS. LIVED IN U.S. | RELATIONSHIP TO WORKER NAMED IN ITEM 1 DURING THIS PERIOD | DATES PERSON LIVED IN THE U.S. | | | |
|---|---------------------------|---|--------------------------------|--------------------------------|----------------|--------------|
| | | | FROM Mo-Day-Yr | TO Mo-Day-Yr | FROM Mo-Day-Yr | TO Mo-Day-Yr |
| a. JONATHAN J. JOHNSON | 44+ | DECEASED | DATE OF BIRTH | TO END MILITARY SERVICE | | |
| | | | 11-24-1926 | 08-01-1971 | | |
| b. JANE J. JOHNSON | 6+ | WIDOW | 04-12-1965 | 08-01-1971 | | |
| c. | | | | | | |
| d. | | | | | | |

If you need more space, use "REMARKS" on page 3.

8. Answer item 8 only if the worker named in item 1 is deceased. Did the worker die while in the military service of the U.S. or as a result of disease or injury incurred or aggravated in the military service? Yes No

9. Supplementary Medical Insurance generally is payable only for medical services provided inside the United States. If anyone listed in item 3 is now enrolled in Supplementary Medical Insurance under Medicare and wishes to terminate that enrollment, enter his or her name here.

NAME(S) **N/A**

Example

IF EVERYONE LISTED IN ITEM 3 IS A U.S. CITIZEN, SKIP ITEMS 10 THROUGH 14 AND GO TO ITEM 15.

The U.S. Internal Revenue Code (IRC) requires the Social Security Administration (SSA) to withhold a 25.5 percent Federal income tax from the monthly benefits paid to beneficiaries who are neither citizens nor residents of the U.S. The tax is withheld from the benefits of all nonresident aliens except those who reside in countries that have tax treaties with the U.S. that do not permit the taxing of U.S. Social Security benefits or that provide for a lower tax rate.

For Federal income tax purposes, a person can be considered a U.S. resident, even if that person lives outside the U.S., if he or she:

- Has been lawfully admitted to the U.S. for permanent residence and that residence has not been revoked or administratively or judicially determined to have been abandoned; or
- Meets a substantial presence test. To meet this test in a given year, the person must be present in the U.S. on at least 31 days in that year, and the total number of days he or she was in the U.S. during that year and the previous two years must be at least 183 days as determined by the provisions of the IRC.

The Internal Revenue Service taxes the world-wide income of a U.S. resident who is living outside the U.S. in the same way that it taxes the income of a person living in the U.S. A person cannot be considered a U.S. resident in any year for which he or she has claimed a tax treaty benefit as a resident of a country other than the U.S.

COMPLETE ITEMS 10 THROUGH 14 ABOUT ALL PERSONS LISTED IN ITEM 3 WHO ARE NOT U.S. CITIZENS AND WHO WANT TO BE CONSIDERED U.S. RESIDENTS FOR TAX PURPOSES.

10. Enter below the name of all persons listed in item 3 who believe they will have U.S. resident status while living outside the U.S. Also show the number of each person's Permanent Resident Card (sometimes referred to as a Green Card) and the date that card was issued. If any person was not lawfully admitted for permanent residence, show "None" and explain why he or she is a U.S. resident in "REMARKS" on page 3.

| NAME | PERMANENT RESIDENT CARD (GREEN CARD) NUMBER | DATE CARD WAS ISSUED |
|------|---|----------------------|
| N/A | | |
| | | |
| | | |
| | | |

11. Has any person listed in item 10 ever notified the Department of Homeland Security (DHS), formerly the U.S. Immigration and Naturalization Service (INS), by letter or formal application that he or she is, or was, abandoning his or her U.S. residence? Yes No

If "yes," enter below the name of the person(s) and the date such notice was given.

| NAME | DATE (MONTH AND YEAR) NOTICE WAS GIVEN TO DHS/INS | NAME | DATE (MONTH AND YEAR) NOTICE WAS GIVEN TO DHS/INS |
|------|---|------|---|
| N/A | | | |
| | | | |

12. Has any person listed in item 10 been notified by DHS/INS that he or she no longer has U.S. resident status or has his or her Permanent Resident Card been taken by DHS/INS? Yes No

If "yes," give the name of the person(s) and the date he or she was notified, or his or her card was taken, by DHS/INS.

| NAME | DATE (MONTH AND YEAR) OF NOTICE OR DATE DHS/INS TOOK THE CARD | NAME | DATE (MONTH AND YEAR) OF NOTICE OR DATE DHS/INS TOOK THE CARD |
|------|---|------|---|
| N/A | | | |
| | | | |

Example

| | | |
|-----|--|---|
| 13. | Does each person listed in item 10 understand that, as a U.S. resident, his or her worldwide income will be subject to U.S. income tax in the same way as the income of a person living in the U.S.? → If "no," show the name(s) of that person(s) in "REMARKS" below. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. | Does each person listed in item 10 agree to notify SSA promptly if he or she abandons his or her U.S. residence status, OR if that person is notified by DHS that his or her U.S. resident status has been revoked or abandoned? → If "no," show the name(s) of that person(s) in "REMARKS" below and the reason(s) that person(s) does not agree to notify SSA. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

REMARKS (You may use this space for any additions and explanations. If you need more space, attach a separate sheet.)

15. PAYMENT ADDRESS (Where payments should be sent while you are abroad. If your payments are, or will be, sent directly to a bank or other financial institution, do not complete this item. Go to item 16.)

| NUMBER AND STREET | CITY | POSTAL CODE | COUNTRY |
|-----------------------------|------|-------------|---------|
| DIRECT DEPOSIT APPLIED FOR. | | | |

NOTE: If more than one address is required, use "REMARKS" above and show names for each address.

16. MAILING ADDRESS (Where your mail should be sent while you are abroad. If it is the same as the address in item 15, enter "same as 15" and go to item 17.)

| NUMBER AND STREET | CITY | POSTAL CODE | COUNTRY |
|----------------------------|--------|-------------|-------------------|
| JUSMAG-THAI BOX-R #9876 | APO AP | 96546 | USA (IN THAILAND) |

NOTE: If more than one address is required, use "REMARKS" above and show names for each address.

17. RESIDENCE ADDRESS (You must complete this item if you live, or will live, at an address other than the address shown in item 15 or 16. If the address where you live, or will live, is the same as the address in item 15 or 16, enter "same as 15 (or 16 if appropriate)" and go to item 18.)

| NAME | NUMBER AND STREET | CITY | POSTAL CODE | COUNTRY |
|--------------------|---------------------------------|---------|-------------|----------|
| a. JANE J. JOHNSON | 69 SOI PING-PONG MEKONG ROAD | BANGKOK | 56789 | THAILAND |
| b. | | | | |
| c. | | | | |
| d. | | | | |

NOTE: If your payments are not, or will not be, sent directly to a bank or other financial institution and you receive, or will receive, them by mail at an address that is not your residence address, explain the reason in "REMARKS" above.

Example

CERTIFICATION AND SIGNATURES

I agree to notify the Social Security Administration promptly if I (or any person for whom I receive benefits) become employed or self-employed while outside the United States, change citizenship, or go (for 30 days or more) to any country other than that indicated in item 17. I also agree to return any payments which are not due.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

| 18. | SIGNATURE (FIRST NAME, MIDDLE INITIAL, AND LAST NAME) OF EACH PERSON LISTED IN ITEM 3. REPRESENTATIVE PAYEES MUST SIGN FOR MINORS AND FOR INCAPABLE OR INCOMPETENT ADULTS. Write in ink. | DATE | TELEPHONE NUMBER WHERE YOU MAY BE CONTACTED DURING THE DAY |
|-----|--|------------|--|
| a. | Jane J. Johnson | 10/25/2009 | +66-81-234-9876 |
| b. | | | |
| c. | | | |
| d. | | | |

Witnesses are required only if this application has been signed by mark (X) in item 18. If signed by mark (X), two witnesses who know the signer(s) must sign below, giving their full addresses.

| 19. (1) SIGNATURE OF WITNESS | | | (2) SIGNATURE OF WITNESS | | |
|------------------------------|-------------|---------|-----------------------------|-------------|---------|
| ADDRESS (NUMBER AND STREET) | | | ADDRESS (NUMBER AND STREET) | | |
| CITY | POSTAL CODE | COUNTRY | CITY | POSTAL CODE | COUNTRY |

PRIVACY ACT STATEMENT

The Social Security Administration is authorized to collect information to establish your entitlement to Social Security benefits under section 202 of the Social Security Act, as amended (42 U.S.C. 402 and 405). This information will also be used to verify your U.S. income tax status under sections 871 and 1441 of the Internal Revenue Code (26 U.S.C. 871 and 1441). While completing this form is voluntary, failure to provide all or part of this information is cause for suspension of benefit payments. The information on this form may be disclosed by the Social Security Administration to another person or agency for the following purposes: (1) to assist the Social Security Administration in establishing a person's right to Social Security benefits, (2) to help with statistical research and audits necessary to assure the integrity and improvement of the Social Security programs, and (3) to comply with laws requiring or allowing the exchange of information between the Social Security Administration and another agency.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you give us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*



Department of Veterans Affairs

EXAMPLE

OMB Approved No. 2900-0004
Respondent Burden: 1 hour 15 minutes

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

Application for Dependency and Indemnity Compensation, Death Pension and Accrued Benefits by a Surviving Spouse or Child (Including Death Compensation if Applicable)
VA Form 21-534

Please read the attached "General Instructions" before you fill out this form.

SECTION I

Tell us what you are applying for and what you and the deceased veteran have applied for

1. Did the veteran ever file a claim with VA?
2. What is the VA file number?
3. Has the surviving spouse or child ever filed a claim with VA?
4. What is the VA file number?
5. What is the name of the person on whose service the claim was filed?
6. What is your relationship to that person?
7. Are you claiming service connection for cause of death?

SECTION II

Tell us about you and the deceased veteran

Attach a copy of the death certificate unless the veteran died in active service of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or in a U.S. government institution.

8. What is the veteran's name?
9. What is the veteran's Social Security number?
10a. Did the veteran serve under another name?
10b. Please list the other name(s) the veteran served under:
11. What is the veteran's date of birth?
12. What is the veteran's date of death?
13. Was the veteran a former prisoner of war?
14. What is your name?
15. What is your relationship to the veteran?
16. What is your address?
17. What are your telephone numbers?
18. What is your e-mail address?
19. What is your Social Security number?
20. What is your date of birth?

EXAMPLE

| | | | | | |
|--|--|--|--|--|--|
| <p>SECTION III</p> <p>Tell us about the veteran's active duty service</p> <p>1. Enter complete information for all periods of service. If more space is needed use Item 48 "Remarks."</p> <p>2. If the veteran never filed a claim with VA, attach the original DD214 or a certified copy for each period of service listed. We will return original documents to you.</p> | <p>Note: Skip to Section IV if the veteran was receiving VA compensation or pension at the time of his/her death.</p> | | | | |
| <p>21a. Entered Active Service (<i>first period</i>)</p> <p style="text-align: center;">01/18/1945</p> <p style="text-align: center;">mo day yr</p> | <p>21b. Place</p> <p>Ft. Hamilton, New York</p> | <p>21c. Service Number</p> <p>N 8765 4321</p> | | | |
| | <p>21d. Left This Active Service</p> <p style="text-align: center;">10/05/1954</p> <p style="text-align: center;">mo day yr</p> | <p>21e. Place</p> <p>Norfolk NAS, Virginia</p> | <p>21f. Branch of Service</p> <p>U.S. Navy</p> | <p>21g. Grade, Rank, or Rating</p> <p>E-6, YN1</p> | |
| | <p>21h. Entered Active Service (<i>second period</i>)</p> <p style="text-align: center;">10/06/1954</p> <p style="text-align: center;">mo day yr</p> | <p>21i. Place</p> <p>Ft. Bragg, North Carolina</p> | <p>21j. Service Number</p> <p>A 1234 5678</p> | | |
| | <p>21k. Left This Active Service</p> <p style="text-align: center;">08/01/1971</p> <p style="text-align: center;">mo day yr</p> | <p>21l. Place</p> <p>Ft. Leavenworth, Kansas</p> | <p>21m. Branch of Service</p> <p>U.S. Army</p> | <p>21n. Grade, Rank, or Rating</p> <p>E-9, SGM</p> | |

| | |
|--|--|
| <p>SECTION IV</p> <p>Tell us about your and the veteran's marriages</p> <p><i>Attach a copy of your marriage certificate showing your marriage to the veteran.</i></p> | <p>You must furnish complete information about all marriages of the surviving spouse and the veteran. If you need additional space, please attach a separate sheet of paper providing the requested information.</p> <p>If you are claiming benefits as the surviving spouse of the veteran you should complete Items 22a through 27. If you are not the surviving spouse, skip to Section V.</p> |
|--|--|

The veteran's marriages

22a. How many times was the veteran married? 2

| 22b. Date of Marriage <i>(month, day, year)</i> | 22c. Place <i>(city/state or country)</i> | 22d. To whom married <i>(first, middle initial, last name)</i> | 22e. Type of marriage <i>(ceremonial, common-law, proxy, tribal or other)</i> | 22f. Date marriage ended <i>(month, day, year)</i> | 22g. Place <i>(city/state or country)</i> | 22h. How marriage ended <i>(death, divorce)</i> |
|--|---|---|--|---|---|---|
| 05/15/1948 | Norfolk, Virginia | Kathy E. Barfly | Ceremonial | 09/16/1950 | Norfolk, Virginia | Divorce |
| 12/24/1963 | Bangkok, Thailand | Jane J. Leavem | Ceremonial | 10/19/2009 | Bangkok, Thailand | Death |

22i. If you indicated "other" as type of marriage, please explain. _____

22j. At the time of your marriage to the veteran, were you aware of any reason the marriage might not be legally valid?

YES NO If you answered "Yes," please explain.

23a. How many times were you married? 1 23b. Have you remarried since the death of the veteran? YES NO

| 23c. Date of Marriage <i>(month, day, year)</i> | 23d. Place <i>(city/state or country)</i> | 23e. To whom married <i>(first, middle initial, last name)</i> | 23f. Type of marriage <i>(ceremonial, common-law, proxy, tribal or other)</i> | 23g. Date marriage ended <i>(month, day, year)</i> | 23h. Place <i>(city/state or country)</i> | 23i. How marriage ended <i>(death, divorce)</i> |
|--|---|---|--|---|---|---|
| 12/24/1963 | Bangkok, Thailand | Jonathan J. Johnson | Ceremonial | 10/19/2009 | Bangkok, Thailand | Death |
| | | | | | | |

23j. If you indicated "other" as type of marriage, please explain. _____

EXAMPLE

SECTION IV Tell us about your and the veteran's marital history (continued)

| | | |
|--|---|--|
| <p>Answer Item 24 only if you were married to the veteran for less than one year. ▶</p> | <p>24. Was a child born to you and the veteran during your marriage or prior to your marriage?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>25. Are you expecting the birth of a child of the veteran?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| | <p>26. Did you live continuously with the veteran from the date of marriage to the date of his/her death?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;"><i>(If "No", answer Item 27)</i></p> | <p>27. What was the cause of the separation? Give the reason, date(s), and duration of the separation. If the separation was by court order, attach a copy of the order.</p> |

SECTION V

Tell us about the unmarried children of the veteran

Note: You should provide a copy of the public record of birth or a copy of the court record of adoption for each child listed in Item 28a **unless** the veteran was receiving additional VA benefits for the child.

If you need additional space, please attach a separate sheet of paper providing the requested information about each child.

Note: Skip to Section VI if you are not claiming benefits for any children that meet the following criteria.

VA recognizes the veteran's biological children, adopted children, and stepchildren as dependents. These children must be unmarried and:

- under age 18, or
- at least 18 but under 23 and pursuing an approved course of education, or
- of any age if they became permanently unable to support themselves before reaching age 18.

"Seriously disabled" (Item 29e) means that the child became permanently unable to support himself/herself before reaching age 18. Furnish a statement from an attending physician or other medical evidence which shows the nature and extent of the physical or mental impairment.

Note to surviving spouse: If entitlement to DIC is established, a "seriously disabled" child over age 18 is entitled to receive DIC benefits in his or her own right. A veteran's child who is seriously disabled and over age 18 must submit a separate VA Form 21-534 to apply for benefits.

| 28a. Name of child <i>(First, middle initial, Last)</i> | 28b. Date and place of birth <i>(City/State or Country)</i> | 28c. Social Security Number | 29a. Biological | 29b. Adopted | 29c. Stepchild | 29d. 18 - 23 yrs old and in school | 29e. Seriously disabled | 29f. Child previously married |
|--|--|-----------------------------|-------------------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|-------------------------------|
| James J. Johnson | 08/15/1998 mo day yr Thailand | 321-54-7698 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N/A | mo day yr | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N/A | mo day yr | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

EXAMPLE

SECTION V Tell us about the unmarried children of the veteran (continued)

Tell us about the children listed above that don't live with you.

| 30a. Name of child <i>(first, middle initial, last)</i> | 30b. Child's Complete Address | 30c. Name of person the child lives with <i>(if applicable)</i> | 30d. Monthly amount you contribute to child's support |
|--|-------------------------------|--|---|
| N/A | | | \$ |
| N/A | | | \$ |
| N/A | | | \$ |
| N/A | | | \$ |

SECTION VI

**Tell us if
you are housebound,
in a nursing home or
require aid and
attendance**

If you answered "yes" to Item 31 and are not in a nursing home, submit a statement from your doctor showing the extent of your disabilities. If you are in a nursing home, attach a statement signed by an official of the nursing home showing the date you were admitted to the nursing home, the level of care you receive, the amount you pay out-of-pocket for your care, and whether Medicaid covers all or part of your nursing home costs.

| | |
|--|---|
| <p>31. Are you claiming aid and attendance allowance and/or housebound benefits because you need the regular assistance of another person, are having severe visual problems, or are housebound?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><i>(If "No," skip to section VII)</i></p> | <p>32a. Are you now in a nursing home?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>(If "Yes," answer Items 32b and 32c also)</i></p> |
| <p>32b. What is the name and complete mailing address of the facility?</p> | <p>32c. Does Medicaid cover all or part of your nursing home costs?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>(If "No," answer Item 32d also)</i></p> |
| <p>32d. Have you applied for Medicaid?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> | |

EXAMPLE

SECTION VII

Tell us the net worth of you and your dependents

Note: If you are filing this application on behalf of a minor or incompetent child of the veteran and you are the child's custodian, you must report your net worth as well as the net worth of the child for whom benefits are claimed.

VA cannot pay you pension if your net worth is sizeable. Net worth is the market value of all interest and rights you have in any kind of property less any mortgages or other claims against the property. However, net worth does not include the house you live in or a reasonable area of land it sits on. Net worth also does not include the value of personal things you use everyday like your vehicle, clothing, and furniture. You must report net worth for yourself and all persons for whom you are claiming benefits.

For Items 33a through 33f, provide the amounts. If none, write "0" or "None."

| Source | Surviving spouse or Custodian of children | Child(ren) | | |
|---|---|---|---|---|
| | | Name: <i>(first, middle initial, last)</i> | Name: <i>(first, middle initial, last)</i> | Name: <i>(first, middle initial, last)</i> |
| | | James J. Johnson | N/A | N/A |
| 33a. Cash, bank accounts, certificates of deposit (CDs) | 1,585.00 | 350.00 | | |
| 33b. IRAs, Keogh Plans, etc. | 0.00 | 0.00 | | |
| 33c. Stocks, bonds, mutual funds | 0.00 | 0.00 | | |
| 33d. Value of business assets | 0.00 | 0.00 | | |
| 33e. Real property <i>(not your home)</i> | 0.00 | 0.00 | | |
| 33f. All other property | 0.00 | 0.00 | | |

SECTION VIII

Tell us about the income of you and your dependents

Payments from any source will be counted, unless the law says that they don't need to be counted. Report **all** income, and VA will determine any amount that does not count.

Note: If you are filing this application on behalf of a minor of whom you are the custodian, you must report your income as well as the income of each child for whom benefits are claimed.

Report the total amounts before you take out deductions for taxes, insurance, etc. Do not report the same information in both tables.

If you expect to receive a payment, but you don't know how much it will be, write "Unknown" in the space.

If you do not receive any payments from one of the sources that we list, write "0" or "None" in the space.

If you are receiving monthly benefits, give us a copy of your most recent award letter. This will help us determine the amount of benefits you should be paid.

| | |
|---|--|
| <p>34a. Have you claimed or are you receiving benefits from the Social Security Administration on your own behalf or on behalf of child(ren) in your custody?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (See Remarks) <i>(If "Yes," answer item 34b)</i></p> | <p>34b. Is Social Security based on your own employment?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> |
| <p>35. Has a surviving spouse or child filed a claim for compensation from the Office of Worker's Compensation Programs based on the death of the veteran?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> | <p>36. Has a court awarded damages based on the death of the veteran or is a claim or legal action for damages pending?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> |
| <p>37. Have you claimed or are you receiving Survivor Benefit Plan (SBP) annuity from a service department based on the death of the veteran?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> | |

EXAMPLE

SECTION VIII Tell us about the income of you and your dependents (continued)

Monthly Income - Tell us the income you and your dependents receive every month

| Source | Surviving spouse or Custodian of children | Child(ren) | | |
|---|---|---|---|---|
| | | Name: <i>(first, middle initial, last)</i> | Name: <i>(first, middle initial, last)</i> | Name: <i>(first, middle initial, last)</i> |
| | | James J. Johnson | N/A | N/A |
| 38a. Social Security | 0.00 | 300.00 | | |
| 38b. U.S. Civil Service | 0.00 | 0.00 | | |
| 38c. U.S. Railroad Retirement | 0.00 | 0.00 | | |
| 38d. Military Retirement | 0.00 | 0.00 | | |
| 38e. Black Lung Benefits | 0.00 | 0.00 | | |
| 38f. Supplemental Security Income (SSI)/ Public Assistance | 0.00 | 0.00 | | |
| 38g. Other income received monthly <i>(Please write source below:)</i> | 0.00 | 0.00 | | |

Expected income next 12 months - Tell us about other income for you and your dependents

Report expected income for the 12 month period following the veteran's death. If the claim is filed more than one year after the veteran died, report the expected income for the 12 month period from the date you sign this application.

| Sources of income for the next 12 months | Surviving spouse or Custodian of children | Child(ren) | | |
|---|---|---|---|---|
| | | Name: <i>(first, middle initial, last)</i> | Name: <i>(first, middle initial, last)</i> | Name: <i>(first, middle initial, last)</i> |
| | | James J. Johnson | N/A | N/A |
| 39a. Gross wages and salary | 0.00 | 0.00 | | |
| 39b. Total dividends and interest | 0.00 | 0.00 | | |
| 39c. Other income expected <i>(Please write source below:)</i> | | | | |
| Survivor Benefit Plan | 9,600.00 | 2,400.00 | | |
| 39d. Other income expected <i>(Please write source below:)</i> | | | | |
| Child SSA Benefits | 0.00 | 3,600.00 | | |

EXAMPLE

SECTION IX

Tell us about medical, last illness, burial or other unreimbursed expenses

Family medical expenses and certain other expenses actually paid by you may be deductible from your income. Show the amount of any continuing family medical expenses such as the monthly Medicare deduction or nursing home costs you pay. Also, show unreimbursed last illness and burial expenses and educational or vocational rehabilitation expenses you paid. Last illness and burial expenses are unreimbursed amounts paid by you for the veteran's or his/her child's last illness and burial and the veteran's just debts. Educational or vocational rehabilitation expenses are amounts paid for courses of education, including tuition, fees, and materials. **Do not** include any expenses for which you were reimbursed. If you receive reimbursement after you have filed this claim, promptly advise the VA office handling your claim. If more space is needed attach a separate sheet.

| 40a. Amount paid by you | 40b. Date Paid | 40c. Purpose (Medicare deduction, nursing home costs, burial expenses, etc.) | 40d. Paid to (Name of nursing home, hospital, funeral home, etc.) | 40e. Relationship of person for whom expenses paid |
|-------------------------|-------------------------|--|---|--|
| \$ 647.38 | 10/25/2009 mo day yr | Burial Expenses | Wat Good Bye | Deceased Spouse |
| \$ | mo day yr | | | |
| \$ | mo day yr | | | |
| \$ | mo day yr | | | |

SECTION X

Give us direct deposit information

If benefits are awarded we will need more information in order to process any payments to you. Please read the paragraph starting with, "All Federal payments..." and then either:

1. Attach a voided check, or
2. Answer questions 41-43 to the right.

All Federal payments beginning January 2, 1999, must be made by electronic funds transfer (EFT) also called Direct Deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 41, 42, and 43 to enroll in Direct Deposit. If you do not have a bank account we will give you a waiver from Direct Deposit, just check the box below in Item 41. The Treasury Department is working on making bank accounts available to you. Once these accounts are available, you will be able to decide whether you wish to sign-up for one of the accounts or continue to receive a paper check. You can also request a waiver if you have other circumstances that you feel would cause you a hardship to be enrolled in Direct Deposit. You can write to: Department of Veterans Affairs, 125 S. Main Street Suite B, Muskogee OK 74401-7004, and give us a brief description of why you do not wish to participate in Direct Deposit.

41. Account number (Please check the appropriate box and provide that account number, if applicable)

Checking

I certify that I **do not** have an account with a financial institution or certified payment agent

Savings

Account number 99988887765

42. Name of financial institution

Bangkok Bank PLC

43. Routing or transit number

0260-0869 1

EXAMPLE

SECTION XI

Give us your signature

1. Read the box that starts, "I certify and authorize the release of information:"
2. Sign the box that says, "Your signature."
3. If you sign with an "X," then you must have 2 people you know witness you as you sign. They must then sign the form and print their names and addresses also.

I certify and authorize the release of information:
I certify that the statements in this document are true and complete to the best of my knowledge. I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege which makes the information confidential.

| | |
|--|--|
| 44. Your signature <div style="text-align: center; font-family: cursive; font-size: 1.2em;">Jane J. Johnson</div> | 45. Today's date 10/26/2009 |
| 46a. Signature of witness <i>(If claimant signed above using an "X")</i> | 46b. Printed name and address of witness |
| 47a. Signature of witness <i>(If claimant signed above using an "X")</i> | 47b. Printed name and address of witness |

SECTION XII

Remarks - Use this space for any additional statements that you would like to make concerning your application.

IMPORTANT

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 which you are not entitled to.

48. Remarks *(If you need more space to answer a question or have a comment about a specific item number on this form please identify your answer or statement by the part and item number)*

(NOTE: Examples below are for DIC (SEC I) and DP (SEC VIII).)

From SECTION I, #7.
My husband was discharged from active duty for a physical disability and with entitlement to receive pay.

The military records received did not specify the nature of the physical disability. His papers have no record of him ever applying for VA Compensation for reason of a service-connected disability. If the physical disability that resulted in his discharge from active duty was also the cause of his death, then I will claim that he died of a service-connected cause of death.

I will request that the National Personnel Records Center (or see SF-180 page 3) provide me with information on the nature of his physical disability that resulted in his being discharged.

From SECTION VIII, #34a.
My late husband was receiving SSA insurance checks. As the widow of an SSA entitled worker I may also apply for SSA benefits. But, as a citizen and resident of Thailand not meeting the residency criteria or an exception, I would not be paid SSA benefits unless the cause of his death was ruled by the VA to be service-connected. If I am unable to provide proof of a service-connected death, I will not apply for SSA.

[OR]

From SECTION VIII, #34a.
My husband was retired from the U.S. Army and was paying SBP premiums, therefore, I will receive SBP from the Department of Defense--amount not yet known. Concurrently, I am entitled to SSA benefits based on my husband's earnings. However, since I am a foreign national residing in a foreign country (Thailand) who does not meet the five-year residency requirement or either of the two exceptions, I cannot be paid my SSA award and will not apply unless I can prove my husband's cause of death is service-connected. (The approval of DIC would make me eligible to receive SSA payment.)

Example

OMB APPROVED NO. 2900-0013
RESPONDENT BURDEN: 15 MINUTES

Department of Veterans Affairs APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, S8VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us the veteran's SSN account information is voluntary. Refusal to provide the veteran's SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine entitlement to benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine eligibility for issuance of a burial flag to a family member or friend of a deceased veteran (38 U.S.C. 2301). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

IMPORTANT - Postmaster or other issuing official: Submit this form to the nearest VA regional office. Be sure to complete the stub at the bottom.

INFORMATION ABOUT THE DECEASED VETERAN (Complete as much as possible)

| | | | |
|--|---|---|--|
| 1. FIRST, MIDDLE, LAST NAME OF VETERAN (Print or type) JONATHAN JAY JOHNSON | | 2. OTHER NAMES USED BY VETERAN (Print or type) NONE | |
| 3. VA FILE NUMBER | 4. SOCIAL SECURITY NUMBER 987-65-4321 | 5. MILITARY SERVICE NUMBER/SERIAL NUMBER A 1 234 5678 | |
| 6. BRANCH OF SERVICE (Check box) <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> SELECTED SERVICE <input type="checkbox"/> OTHER (Specify) | | | |
| 7. DATE ENTERED ACTIVE DUTY (or Selected Reserve) 01/18/1945 | 8. DATE RELEASED FROM ACTIVE DUTY (or Selected Reserve) 08/01/1971 | 9. DATE OF BIRTH 11/24/1926 | 10. DATE OF DEATH 10/19/2009 |
| 11. DATE OF BURIAL 10/24/2009 | 12. PLACE OF BURIAL (Name of cemetery, city, and State) WAT PING-PONG BANGKOK, THAILAND | | |
| 13. HAS DOCUMENTATION BEEN PRESENTED OR ATTACHED THAT SHOWS THE VETERAN MEETS THE ELIGIBILITY CRITERIA? (See Paragraphs C, D, and E of the "Instructions") <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "No," explain in Item 15, "Remarks" (See paragraph E of the "Instructions")) | | | |

INFORMATION ABOUT THE FLAG RECIPIENT AND APPLICANT

| | |
|---|--|
| 14A. NAME OF PERSON ENTITLED TO RECEIVE FLAG JOHNSON, JANE J. | 14B. ADDRESS OF PERSON ENTITLED TO RECEIVE FLAG (Number and street or rural route, city or P.O., State and ZIP Code) JUSMAG-THAI Box-R #9876 APOAP 96546 |
| 14C. RELATIONSHIP TO VETERAN (See Paragraph F of the "Instructions") SURVIVING SPOUSE | |
| 15. REMARKS | |

I CERTIFY that the statements made in this document are true and complete to the best of my knowledge. I further certify that the deceased veteran is eligible, in accordance with the attached instructions, for issue of a United States flag for burial purposes, and such flag has not been previously applied for or furnished.

| | | | |
|---|---|--|--------------------------------------|
| 16. SIGNATURE OF APPLICANT (Sign in INK) Jane Johnson | 17. ADDRESS OF APPLICANT (Number and street or rural route, city or P.O., and ZIP Code) SEE #14B ABOVE. | 18. RELATIONSHIP TO DECEASED WIDOW | 19. DATE SIGNED 10/25/2009 |
|---|---|--|--------------------------------------|

PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine, imprisonment, or both.

ACKNOWLEDGMENT 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 Item 6 of the "Use Of The Flag" instructions on the attached sheet will be complied with.

| | |
|---|---------------------------------------|
| SIGNATURE OF PERSON RECEIVING FLAG (Sign in INK) | DATE FLAG RECEIVED |
| NAME AND ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT | FOR VA USE |
| | DATE NOTIFICATION FORWARDED TO SUPPLY |
| | INITIALS OF RESPONSIBLE VA EMPLOYEE |

VA FORM 21-2008, SEP 2005

SUPERSEDES VA FORM 21-2008, MAY 2003, WHICH WILL NOT BE USED.

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 | ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT |
| FOR VA USE | DATE OF REPLACEMENT | |

VA FORM 21-2008
SEP 2005

SUPERSEDES VA FORM 21-2008, MAY 2003,
WHICH WILL NOT BE USED.

SEE REVERSE

GLOSSARY & ACRONYMS

| | |
|-------------|--|
| AFI | Air Force Instruction |
| AFOUS | Armed Forces of the United States |
| ACT | Active Duty |
| APO | Air Force Post Office (See FPO) |
| CHAMPUS | Civilian Health & Medical Program for the Uniformed Services (CHAMPUS renamed to TRICARE) |
| CHAMPVA | Civilian Health & Medical Program-VA for the Uniformed Services |
| DEERS | Defense Enrollment Eligibility Reporting System |
| DFAS | Defense Finance and Accounting Service |
| DIC | Dependency and Indemnity Compensation |
| DP | Death Pension (aka Improved Death Pension) |
| DOB | Date of Birth |
| DOD | Date of Death |
| DoD | Department of Defense |
| DoS | Department of State |
| DoT | Department of the Treasury |
| DPO | Diplomatic Post Office (managed by the U.S. State Department) |
| DVA or VA | Department of Veterans Affairs |
| DAVPRM | DVA Permanently & Totally Disabled |
| FICA | Federal Insurance Contribution Act |
| FPO | Fleet Post Office (see APO) |
| GLI | Government Life Insurance |
| IRS | Internal Revenue Service |
| ITIN | Individual Taxpayer Identification Number |
| JUSMAG-THAI | Joint United States Military Advisory Group, Thailand |
| MPR | Military Personnel Records |
| NOK | Next of Kin |
| NPRC | National Personnel Records Center |
| NRA | Non-Resident Alien |
| POC | Point of Contact |
| PNOK | Primary Next of Kin |
| RAF | Retired Address Finder (also for Survivors) |
| RAO | Retiree Activities Office |
| RET | Retired |
| RSO | Retirement Services Office |

| | |
|-----------|--|
| SBP | Survivor Benefit Plan |
| S.O. | Service Officer (VFW) |
| SP | Spouse |
| Sponsor | Spouse or Parent Entitled to a Federal Benefit |
| SSA | Social Security Administration |
| SSN | Social Security Number |
| TRICARE | New Name for CHAMPUS |
| TFL | TRICARE For Life |
| UMW | Unmarried Widow |
| URW | Unremarried Widow |
| USA | United States Army |
| USAF | United States Air Force |
| USCG | United States Coast Guard |
| USMC | United States Marine Corps |
| USN | United States Navy |
| USUS | United States Uniformed Services |
| VA or DVA | Department of Veterans Affairs |
| VFW | Veterans of Foreign Wars of the United States |
| VSO | Veterans Service Organization |
| WPS | Wisconsin Physicians Service |



Still Serving!