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Survivor Assistance Guide

Retiree Activities Office (RAO) Benefits Advisors

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



*Collaborating
for a
Common Cause!*



· *March 1, 2010* ·

OPR: Director, Retiree Activities Office (RAO), JUSMAG-THAI



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

March 1, 2010

MEMORANDUM FOR RAO Benefits Advisors
District V Department of Pacific Area, VFW 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 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. Clearly, we always welcome constructive inputs.

Thank you for serving!

//SIGNED//

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• Introduction to RAO Survivor Assistance •

1. The Chief, JUSMAG-THAI authorizes the Retiree Activities Office to provide assistance to military retirees and their dependents, as well as survivors of veterans. For simplicity, we often use the term “widow” in a non-gender-specific manner to mean surviving spouse.
2. VFW Service Officers are charged with providing assistance to all 'Veterans' (retiree and non-retiree Veterans) and their 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 husbands told them about this service and they come to the office noticeably prepared. Others say, “He told me nothing”. Then there are widows who are totally unaware of this aid and lose out on their entitlement to Federal Benefits by not meeting application deadlines.
4. A widow by Thai 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, what the RAO calls “bona fides”, **ASAP** is critical. Can you envision preparing all the various applications only to learn the so-called widow had no “bona fides”? Or, the bigamist husband that deceived one of his **wives**? (The VA has provisions to award benefits to a non-legal 2nd wife under some circumstances.) How about the Veteran that didn't bother updating DEERS (Defense Enrollment Eligibility Reporting System) when he remarried? All of these scenarios have occurred. Widows need to be briefed on their eligibility and be informed their annuities terminate only upon their death or remarriage (depending on age); and to expect a delay in receiving them (e.g. VA DIC award currently takes upwards of one year).
6. We recommend the widow bring in ALL of the deceased's records. A widow seldom knows of the 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. Language 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 (Death Pension is 45 days from Date of Death (DOD); DIC is One Year from DOD). It may be necessary to mail the application without complete documentation in order to meet a cutoff date. We included a form letter (L-15) to declare Intent to Claim that establishes an eligibility date.
8. The essential document is the deceased's DD-214 - Armed Forces of the United States 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 deceased's military service are not available, Mail or Fax an [SF-180 - Request Pertaining to Military Records](#) (or request online) **immediately** (90-day processing). If anything 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 to (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"**, however, other legal options may be available: <http://caselaw.lp.findlaw.com/data2/circs/fed/077278p.pdf>

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. Presume the letter and/or application never reached the addressee, or the 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 Profile Page or 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. **Deceased'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 script. But, 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--SSA requires one witness; VA requires two. Failure to witness a printed signature results in the application being returned for **signature**. (If possible "make" the widow sign in script 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 are different from "Notarizations" (Notary Stamps/Seals are fee-based). This distinction often confuses applicants who immediately think, "Embassy too expensive! Why I have to pay more money!?" (Note: JUSMAG currently does not have a Notary Stamp.)
Bangkok: <http://bangkok.usembassy.gov/service/federal-benefits-and-taxes.html>
Chiang Mai: <http://chiangmai.usconsulate.gov/service/services/federal-benefits-and-taxes/>
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 pilfering, thus, we highly encourage claimants to sign-up ASAP for **Direct Deposit through Bangkok Bank**: 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			
A - DEPARTMENT OF VETERANS AFFAIRS	<u>N/A</u>	<u>A/R</u>	<u>Started</u>	<u>Completed</u>
· 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 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	[]	[]	_____	_____
B - SOCIAL SECURITY ADMINISTRATION	<u>N/A</u>	<u>A/R</u>	<u>Started</u>	<u>Completed</u>
· 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	[]	[]	_____	_____
· Enroll in Medicare Part B B-7	Section C - TRICARE Age 65+			
C - DEPARTMENT OF DEFENSE	<u>N/A</u>	<u>A/R</u>	<u>Started</u>	<u>Completed</u>
· Military Personnel Records (NPRC) C-1	[]	[]	_____	_____
· Survivor Benefit Plan (SBP) C-2	[]	[]	_____	_____
· TRICARE C-3	[]	[]	_____	_____
· TRICARE Age 65+ C-4	[]	[]	_____	_____
· Unpaid Pay 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) (3)	D-2	[]	[]	_____	_____
· DFAS, NPRC (MPR) and Branch of Service	-----				
· Social Security Administration (SSA)	D-5	[]	[]	_____	_____
· Department of Veterans Affairs (VA) (2) .	D-6	[]	[]	_____	_____
· Bank or Financial Institution	D-8	[]	[]	_____	_____
· Credit Cards	D-9	[]	[]	_____	_____
· Insurance	D-10	[]	[]	_____	_____
· Veterans Service Org (VFW, DAV, etc.) .	D-11	[]	[]	_____	_____
<hr/>					
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	[]	[]	_____	_____
· APO Mailroom Address.....	E-2	[]	[]	_____	_____
· TRICARE Briefing	E-3	[]	[]	_____	_____
<hr/>					
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	F-2	[]	[]	_____	_____
<hr/>					
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	[]	[]	_____	_____
<hr/>					
H - ADDITIONAL ACTIONS		<u>N/A</u>	<u>A/R</u>	<u>Started</u>	<u>Completed</u>
· Associations	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

เอกสารอนุญาตให้อยู่อาศัยในสหรัฐอเมริกา

☐ 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

เอกสารการบริจาคให้แก่มูลนิธิต่างๆ

☐ 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

หนี้ค้างที่ยังต้องชำระ

☐ Association Membership(s)

เป็นสมาชิกของสมาคม

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

SECTION - A

Accrued Benefits

- Action:** Claim Accrued Benefits.
- Form:** (1) [VA Form 21-534](#) - Application for Dependency Indemnity Compensation (DIC), Death Pension (DP), or Accrued Benefits.
[OR] (not typically)
(2) [VA Form 21-601](#) - Application for DIC, DP, or Accrued Benefits.
- Web:** (1) www.warms.vba.va.gov/regs/38CFR/BOOKB/PART3/S3_1000.doc
(2) http://www.warms.vba.va.gov/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 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 Form 21-534](#) - Application for DIC, DP and Accrued Benefits by a Surviving Spouse or Child (Including Death Compensation if applicable) or [VA Form 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

Death Pension (DP)

- Action:** Unremarried Surviving Spouse or Unmarried Child of an Eligible Veteran.
- Form:** (1) [VA Form 21-534](#) - Application for VA DIC and/or DP.
(2) [VA Form 24-0296](#) - Direct Deposit Enrollment (Highly Recommended!)
- Web:** (1) <http://www.vba.va.gov/bln/21/pension/spousepen.htm>
(2) http://www1.va.gov/opa/publications/benefits_book/benefits_chap11.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 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 [VI](#)).
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://www1.va.gov/opa/publications/benefits_book/benefits_chap11.asp
3. Marriage must have been over one year; or widow with veteran's child; or be pregnant by the veteran.
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 ([VA 21-534](#)).
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: (1) [VA Form 21-534](#) - Application for VA DIC and/or DP.
(2) [VA Form 24-0296](#) - Direct Deposit Enrollment (Highly Recommended!)

Web: (1) <http://www.vba.va.gov/bln/dependents/dic.doc>
(2) <http://tinyurl.com/yjr2qlk> (SBP Offset by DIC: DFAS)

Address: VA Foreign Claims [16].

Document: (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with 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 must have been over one year; or widow with veteran's child; or be pregnant by the veteran.

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. 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 ([VA 21-534](#)).

5. "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 Form 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 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 US, the agency providing the service and cemetery for plot expense submits this application. Outside of the US, 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 Form 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 Form 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 English Translation)
(2) DD-214 or Equivalent Military Service Record; Certified.
-

1. American Citizen Services, Consular Section, has 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 Form 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 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.

2. The VA will ship a headstone or marker to most foreign addresses on the [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 Main APO at the Old U.S. Embassy Compound (Bangkok): Tel: 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 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 Form 10-10d](#) - Application for CHAMPVA Benefits.
(2) [VA Form 10-7959c](#) - CHAMPVA Other Health Insurance Certification
- Web:** (1) <http://www.va.gov/hac/forbeneficiaries/champva/champva.asp>
(2) http://www1.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)**

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

Form: (1) [VA Form 21-22](#) - Appointment of Veterans Service Officer.
(2) [VA Form 21-22a](#) - Appointment of Individual.

Web: <http://www1.va.gov/VSO/>

Address: VA Foreign Claims [16].

Document: N/A

-
1. 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.
 2. RAO Benefits Advisors and VFW Service Officers in District V Department of Pacific Area, use [VA Form 21-22a](#) - Appointment of Individual. Else, the VA will not talk to you.
 3. This form is very helpful when the claimant resides up-country or has travel problems.
 4. If a claim goes appellate, then VFW Post Service Officers submit a [VA Form 21-22](#) being that a Post Service Officer cannot represent before an appeals board.

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

Web: (1) <http://www.gibill.va.gov/>
(2) http://www.gibill.va.gov/GI_Bill_Info/benefits.htm#DEA
(3) http://www.gibill.va.gov/pamphlets/CH35/CH35_Pamphlet_General.htm
(4) http://www.gibill.va.gov/pamphlets/CH35/CH35_Pamphlet.pdf
(5) http://www.gibill.va.gov/Vet_Info/OS_TrngV.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 Form 10-7959f-1](#) - Foreign Medical Program Registration Form.
(2) [VA Form 10-7959f-2](#) - Claim Cover Sheet - Foreign Medical Program.
- Web:** <http://www.va.gov/hac/forbeneficiaries/fmp/fmp.asp>
- Address:** VA Foreign Medical Program [20].
- 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-010209.pdf>

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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

Government Life Insurance (GLI)

- Action:** (1) All Survivor's of an Eligible Veteran.
(2) Service-Connected Veterans.
- Form:** (1) [VA Form 29-4125](#) - Claim for One Sum Payment.
[OR]
(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>
- Address:** See Applicable Form.
- Document:** (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with English Translation)
(2) DD-214 or Equivalent Military Service Record; Certified.

-
1. The VA estimates it takes six minutes to complete the form, so we recommend always submitting it, even if no policy is found.
 2. 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.
 3. Frequently, a lapsed copy of one of several government life insurance policies is in the deceased's papers. When in doubt, submit a claim.

-
1. Service-connected veterans have two years after a new disability rating approval to file for VA Disability Insurance and make premium payments; \$10,000 coverage.
 2. Veterans rated 100% get \$20,000 coverage and make no premium payments.

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

SECTION - A

Application for Presidential Memorial Certificate

Action: Presidential Memorial Certificate for Eligible Veteran.

Form: [VA Form 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 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). 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 apply. Biological children of military retirees and veterans are US citizens, and therefore, can be paid SSA benefits in Thailand (see Section “[B-4](#)” Child’s Payee). If the widow is a US citizen, she can also be paid in Thailand. Alien widows residing in the US can be paid SSA benefits.
5. If the widow is not a US citizen and resides in Thailand, she can be *eligible* for benefits. HOWEVER, she will not be paid unless she meets the “five-year residency test,” whereby she lived in the US 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 SSA. <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 language reasons, is frequently not possible with a Thai applicant. (Some example applications: See [M-4](#) to [M-7](#).)
8. A Thai citizen spouse of a worker doesn’t need a Social Security Number (SSN) to apply for, and receive, SSA (or VA) benefits. In fact, SSA won’t normally issue one. However, children of a US 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) [SSA-10-BK](#) - Application for Widow's SSA Insurance Benefits.
(This form is obsolete, however, SSA often asks for it.)
(2) [SSA-21](#) - Supplement to Claim of Person Outside the US.

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

Address: (1) SSA Manila, PI Claims Examiners [25].
(2) **Email** Address of SSA Manila, PI Claims Examiner [26].

Document: See the SSA Introduction on page B-1 and [SSA-9 Listing of Proofs](#).
(http://www.jusmagthai.com/RAO/SSA-9_Listing_of_Proofs.pdf)

Note: The VA's Death Pension currently is Offset by Social Security:
http://www1.va.gov/opa/publications/benefits_book/benefits_chap11.asp

1. Apply at age 60 (age 50 if disabled). Widows who previously worked in the US 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 this subject:
<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 US citizen survivor it's possible SSA benefits are taxable if there are additional incomes.
(http://www.ssa.gov/OP_Home/handbook/handbook.01/handbook-0125.html)

5. Consider the net amount of the SSA benefit when 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) [SSA-21](#) - Supplement to Claim of Person Outside of United States.
(2) [SSA-11-BK](#) - Request to be Selected as Payee.
- Web:** <http://www.ssa.gov/online/ssa-4.html>
- Address:** (1) SSA Manila, PI Claims Examiners [25].
(2) **Email** Address of SSA Manila, PI Claims Examiner [26].
- Document:** Child's Birth Document 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 US Embassy ***Report of Birth of a United States Citizen Abroad*** is the best birth document. If the child is under age 18 they may still apply. Hopefully, the father obtained a Social Security Number for the child; if not, do it now.
 2. The child's mother needn't be selected as payee. The father needn't be receiving SSA payments, only be entitled to receive them.
 3. Since the Veteran is almost always a US citizen, the child is a US citizen and there is no IRS tax to pay.

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

SECTION - B

Request to be Selected as Child's Representative Payee

Action: Child of Worker Who was Receiving SSA Payments Addressed to the Deceased.

Form: [SSA-11-BK](#) - Request to be Selected as Payee.

Web: <http://www.ssa.gov/online/ssa-4.html>

Address: (1) SSA Manila, PI Claims Examiners [25].
(2) **Email** Address of SSA Manila, PI Claims Examiner [26].

Document: (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with English Translation)
(2) Letter of Child's SSA Award.
(3) Relationship of the Payee to the Worker.
(4) Relationship of Child to the Payee.

1. The Payee has always been the child's mother, but that isn't necessary. The payee does not have to be SSA entitled, although she is normally entitled as the widow of an entitled worker (the deceased).

2. If the widow as the payee is a US citizen, she can receive SSA payments as the guardian of a child under age 16.

3. If the widow as the payee is a Thai citizen and resident, she will not be paid unless she meets the five-year US residency test, or its exceptions:

<http://www.socialsecurity.gov/pubs/10137.html#additional>

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

SECTION - B

Lump-Sum Death Payment

- Action:** Family Members of Survivors of an SSA Entitled Worker.
- Form:** [SSA-8-F4](#) - Lump-Sum Death Payment.
(This form is obsolete; however, SSA still accepts it.)
- Web:** <http://www.ssa.gov/online/ssa-8.html>
- Address:** (1) SSA Manila, PI Claims Examiners [25].
(2) **Email** Address of SSA Manila, PI Claims Examiner [26].
- Document:** (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with English Translation)
(2) DD-214 or Equivalent Military Service Record; Certified.
(3) Birth Certificate or other Proof of Birth.
(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 US citizen should apply, as with very few exceptions, the deceased are SSA entitled. Also, 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 US.

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

Action: US Citizen Survivor with No 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>

Address: (1) SSA Manila, PI Claims Examiners [25].
(2) **Email** Address of SSA Manila, PI Claims Examiner [26].

Document: Evidence of Age, Identity, and US Citizenship.
(See pages 3 and 4 of application form.)

1. With the exception of unique, case-by-case situations, SSA normally will not issue a Social Security Number to a Thai Citizen residing in Thailand, even if the survivor is entitled and can be paid Social Security benefits in Thailand.

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

*** 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: [CMS-40B](#) - Application for Enrollment in Medicare

Web: <http://www.ssa.gov/online/ssa-10.html>
<http://tinyurl.com/nooyuv> (TRICARE.mil)

Address: (1) SSA Manila, PI Claims Examiners [25].
(2) **Email** Address of SSA Manila, PI Claims Examiners [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 online, by telephone, or by Form [CMS-40B](#) (obsolete but still accepted). (TRICARE & Medicare Part B: <http://tinyurl.com/nooyuv>)

2. See Department of Defense Section “[C-4](#)”, 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-16](#)”).
- Web:** <http://www.archives.gov/veterans/military-service-records/get-service-records.html>
- 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 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](#).
 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 be the Director, 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

Survivor Benefit Plan (SBP)

- Action:** For Survivor's Named in the Retiree Account Statement (RAS) as being SBP Covered. (No SBP coverage is also listed.)
- Form:** (1) [DD Form 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-4](#) - Withholding for Tax Prepayment.
<http://www.irs.gov/pub/irs-pdf/fw4.pdf?portlet=3>
- Web:** (1) <http://www.dfas.mil/retiredpay/survivorbenefits.html>
(2) <http://www.defenselink.mil/militarypay/survivor/sbp/>
(3) <http://tinyurl.com/yjr2qlk> (SBP Offset by DIC - DFAS)
- Address:** DFAS - U.S. Military Annuitant Pay [7].
- Document:** (1) DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with English Translation)
(2) Birth Certificate for Child.
(3) Marriage Certificate or Proof of Relationship.

See web links for full SBP criteria. (**Note: SBP is offset by DIC**)

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/US Double Tax Treaty](#)). This tax deduction can be recovered when the widow files [IRS Form 1040](#) for the year of the retiree's death, or an [IRS Form 1040NR](#), if a year later.
4. For a U.S. Citizen or National an SBP annuity is fully IRS taxed income. An annuitant may wish to 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).
 - [SBP Frequently Asked Questions - Death / Divorce / Remarriage](#).

*** 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.mil/tma/pacific/>
Web: <http://www.tricare.mil>

Nurse Tiphida Suwannadhat
CM, TRICARE Services, Representative
Tel: 02-287-1036~1045 x512
Email: nursetida.th@san.osd.mil
M: 081-751-0963 (After-Hrs Emergency)

Nurse Pranee Swaddikit
HBA, POC TRICARE Services, Thailand
Tel: 02-287-1036~1045 x511
Email: nursepranee.ctr.th@san.osd.mil
M: 081-633-3793 (Primary, After-Hrs Emergency)

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

Retiree Client Service Hours:

- Wednesday & Thursday: 0800-1100 and 1300-1500 (Lunch: 1200-1300)
- Friday: 1300-1400

(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: [CMS-40B](#) - Application for Enrollment in Medicare.
(This form is obsolete; however, SSA still accepts it.)

Web: (1) <http://tinyurl.com/nooyuv> (TRICARE.mil)
(2) <http://www.ssa.gov/mediinfo.htm> (Apply Online)
(3) <http://www.medicare.gov/>

Address: (1) SSA Manila, PI Claims Examiners [25].
(2) **Email** Address of SSA Manila, PI Claims Examiners [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.

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 year 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 SSA Office, Manila, Philippines, supportively answers questions on Medicare Part B.

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

SECTION - C

Claim for Unpaid Pay Compensation (aka Arrears of Pay)

- Action:** For Survivor of Deceased Receiving Retirement Pay from DFAS to Claim Unpaid 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:** <http://www.dfas.mil/rapay/annuities/reportingdeath.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 English Translation)
[If Not Named Beneficiary, also include]
(3) Proof of Relationship or ID Card (DD-1173).

-
1. DFAS is very slow in processing this claim. DFAS 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. The 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.

*** 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>
(3) <http://chiangmai.usconsulate.gov/service/services/death-of-a-u.s.-citizen>
- 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 English Translation)
(2) Deceased's Passport.

-
1. Send Casualty Reports (letters) as soon as a death document 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 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) - (3) Agencies

Action: All US 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, NPRC (MPR), and Member’s Branch of Service. [*DEERS].

Web: (1) DFAS: <http://tinyurl.com/m3ucw2>
(2) NPRC: <http://www.archives.gov/veterans/>
(3) U.S. Army: <http://tinyurl.com/mrpv22>
(4) U.S. Navy: <http://www.npc.navy.mil/CommandSupport/CasualtyAssistance/>
(5) U.S. Air Force: <http://www.afpc.randolph.af.mil/library/casualty.asp>
(6) U.S. Marine Corps: <http://tinyurl.com/l67gxr>
(7) U.S. Coast Guard: <http://www.uscg.mil/ppc/RAS/SurvivorGuide.pdf>
(8) DEERS: <https://www.dmdc.osd.mil/appj/deerswebsite/home.do>

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 English Translation)
(2) Photocopy of DoD ID Card (DD Form 2).

-
1. The letter to DFAS informs DFAS to stop military pay and also removes the deceased’s name from the Retired Address Finder. The Retiree’s final DD-214 shows retired status.
 2. The deceased’s DD-214(s) contains most, if not all, of the military-specific data required.
 3. 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 English Translation.
 4. Note: When a widow receiving benefits has passed away, as applicable, contact DFAS [7], VA [16], SSA [26], Financial Institution(s) and Insurance Company(s).

*DEERS is notified by SSA (as per letter from DEERS to the RAO) so it isn’t necessary to notify DEERS separately, unless you wish to. DEERS logs the deceased’s ID Card is void.

*** 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:** (1) **Email** Address of SSA Manila, PI Claims Examiners [26].
(2) SSA Manila, PI Claims Examiners [25].
- Document:** DoS Report of the Death of an American Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with 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 a hard copy of the Death Certificate 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:	Persons Receiving Payment of Pension Totally Permanent Service-Connected Disabled and Eligible Veterans.
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). (<u>Or</u> : Thai Death Certificate with English Translation)

-
1. Mail 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 annuity payments are being made.
 2. In the letter, add the survivor's "Intent to Claim" VA benefits.
 3. Use this report to also Report the Death of:
 - Veteran/Military Retiree with a Service-Connected Disability; receiving payments from the VA.
 - Family Member of Veteran/Military Retiree receiving a VA Pension.
 - Veteran with a Disability rating, even if not receiving pension payments.

*** Casualty Report ***

SECTION - D

Department of Veterans Affairs (VA)

Action:	Intent to Claim Benefits (aka Informal Claim).
Form:	Example Letter in Section “ L-15 ” - 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). (<u>Or</u> : Thai Death Certificate with English Translation)

1. Used by all Veteran/Military Retiree 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.

*** Casualty Report ***

SECTION - D

Banks and Credit Cards

Action:	Bank Account Statements or Credit Cards in the Deceased's Files.
Form:	Example Letters in Sections " L-11 and L-12 ".
Web:	N/A
Address:	On the Bank Account Statement or Backside of Card.
Document:	(1) DoS Report of the Death of an American Citizen Abroad (DS-2060). (<u>Or</u> : Thai Death Certificate with English Translation) (2) Photocopy of Statement or Card.

-
1. Immediate action is needed to close the account, even if it's joint, and request it to be activated by the survivor.
 2. The survivor should not commit to any information other than needed to report the death and request disposition of the account.

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-13 ", 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 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 Area.
2. The Post Chaplain is responsible for reporting a Departed Comrade.

*** JUSMAG-THAI ***

SECTION - E

New USUS Identification and Privilege Card

- Action:** Surviving Spouse and Child of US Uniformed Services Member or Totally Service-Connected Disabled Permanent Member.
- Form:** N/A.
- 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:** 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 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.
(4) Two (2) Photo IDs showing Date of Birth and Signature.
-

1. The family members of a deceased active duty or retired member will be issued a new United States Uniformed Services Identification Card (DD Form 1173). The card replaces the card issued prior to the sponsor's death. The card will show the sponsor's service, that the member was on active duty (ACT) or retired (RET), and that he is deceased (DEC).
2. Family members of a VA Veteran who was totally and permanently service-connected disabled will also be issued new ID Cards (DD-1173).
3. If the survivors have current ID Cards, only a Death Certificate and one other photo identification document are needed.
4. If the sponsor never acted to have ID Cards issued, documentation is required to prove Relationship, Date of Birth, and two (2) Photo IDs to establish identity.
5. JUSMAG-THAI issues ID Cards on Tuesday, Wednesday, and Thursday; 0800 to 1100.
Tel: 02-287-1036 Ext 180.

*** HQ JUSMAG-THAI ***

SECTION - E

Air Post Office (APO)

Action:	Holders of USUS ID Cards (DD-1173 or DD-2765).
Form:	(1) Available at the JUSMAG-THAI Mailroom. (2) Special Power of Attorney.
Web:	N/A
Address:	JUSMAG-THAI [3].
Document:	Survivor's USUS ID Card (DD-1173 or DD-2765).

1. The Chief, JUSMAG-THAI offers the use of the JUSMAG-THAI APO mailroom to survivors of U.S. Uniformed Service Members and VA service-connected totally permanently disabled veterans as they are entitled to use the APO. The U.S. Consulate in Chiang Mai also permits APO-entitled members to use its APO address [5].

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, 25 Aug 09): ***“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*, Magazines, Books and Other Printed Matters.”***

*No weight limit on medication from the TRICARE Mail Order Pharmacy (Policy, April 10, 2003). Further, medication mailing source is not limited to TRICARE or the VA: ***“...meds can come from different source as long as the customer is not doing it to make any profit and it is w/in 16 ounces weight restriction.”*** (OL-C, Det 2, PACAF Air Postal Squadron; 24 Sep 09.)

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

4. Any person entitled to use the APO can be designated to receive an addressee's mail at the JUSMAG-THAI APO mailroom by having the addressee complete [PS Form 3801](#) there.

*** JUSMAG-THAI ***

SECTION - E

TRICARE

- Action:** Medical Expenses Year of Death Deceased and/or Survivors.
- Form:** (1) [DD Form 2642](#) - TRICARE Claim Form.
(2) [DD Form 2527](#) - Personal Injury - Possible Third Party Liability.
- Web:** (1) <http://tinyurl.com/nw59s4> (TRICARE.mil - Claims).
(2) http://www.tricare.mil/tma/pacific/pacific_claims.aspx
(3) <http://www.tricare4u.com/>
(4) <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 Tiphida and Nurse Pranee are the TRICARE representatives for JUSMAG-THAI (nursetida.th@san.osd.mil or nursepranee.ctr.th@san.osd.mil). They 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 will 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% (\$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 Account Holder.
- Form:** (1) [SF-1199A](#) - Direct Deposit Sign-up Form (SSA or DFAS).
(2) [VA 24-0296](#) - Direct Deposit Enrollment.
- Web:** <http://tinyurl.com/mu7fot> (Bangkok Bank) [35]
<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 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:

Surviving Spouse or NOK, notifies Bangkok Bank (or other U.S. direct deposit bank) of the account holder's death. The benefit source will delay survivor benefit payments until payments made after the death of the beneficiary are returned. If it's the Surviving Spouse that is now deceased, the NOK, RAO or VFW Post Service officer notifies Bangkok Bank.

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 their account at Bangkok Bank in Thailand via Bangkok Bank's New York branch instead of receiving U.S. Treasury or company-issued checks.

3. As stated on page [VII](#), para 8, mail received outside of the APO system is vulnerable to pilfering, thus, we highly encourage claimants to sign-up ASAP for **Direct Deposit** through **Bangkok Bank:** Khun Kanchana, Tel: 02-230-1323 / Email: pongchan.pra@bbl.co.th.

4. Current Fee: 200 Baht + .25% of the amount, not to exceed 500 Baht.

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.

*** U.S. Treasury Checks ***

SECTION - F

Return a U.S. Treasury Check

Action:	U.S. Treasury Checks 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). (<u>Or</u> : Thai Death Certificate with 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 unpaid pay.
 - [SF-1174](#)
 4. SSA annuity checks can be returned with the application for the SSA Lump-Sum.
 - [Form SSA-8- F4](#)
 5. VA Annuity Checks may be returned with the Casualty Report [[L-10](#)] or Intent to Claim Letter [[L-15](#)].
 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 Form 2642](#), Block 12 Instructions.
 7. IRS Checks: See [IRS Form 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 Form 1040](#).
(2) **Year Following Year of Death if Joint Filer is not a U.S. Citizen:** [IRS Form 1040NR](#).
(3) [IRS Form W-7](#) - Application for ITIN. [As Applicable]

Web: <http://www.irs.gov>
Tax Preparers: <http://www.irs.gov/efile/article/0,,id=118449,00.html> (96546)
<http://bangkok.usembassy.gov/root/pdfs/taxinfo1.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 [IRS Form 1040](#) package 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 nonresident alien spouse can file joint. The joint filer has the same tax status as a US 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 US 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 a SSN or Individual Taxpayer Identification Number (ITIN) to file.

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

SECTION - G

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

Action: File Federal Income Tax Return without a Social Security Number.

Form: [IRS Form W-7](#) - Application for ITIN.

Web: <http://www.irs.gov/individuals/article/0,,id=96287,00.html#acceptable>

Address: IRS ITIN Operation [32].

Document: See General Instructions with [IRS Form W-7](#).

1. To file a US Income Tax Return a nonresident alien must **not** be eligible to be issued a Social Security Number (SSN) and must apply for an ITIN, and enter it in the block for the Social Security Number on Form 1040. An ITIN is issued by the IRS, not SSA.
2. With the exception of unique, case-by-case situations, SSA normally will not issue a Social Security Number to a Thai Citizen residing in Thailand, even if the survivor is entitled and can be paid Social Security benefits in Thailand.
3. In order to file a joint IRS tax return, the sponsor must first have their non-resident alien spouse apply for an ITIN ([Form W-7](#)). If the sponsor residing in Thailand is married, and is intentionally not filing joint, suspect there's a spouse residing in the US, filing returns.
4. Dependents used to claiming for the exemption credit are normally US citizen natural children of the filer. They should have an SSN, or can be issued one. For an adopted child who also qualifies to be an exemption, apply for an ITIN.
5. The IRS will delay processing an ITIN application until a tax return is filed. 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

**Employee's Withholding Allowance Certificate
(IRS Form W-4)**

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

Form: [IRS Form W-4](#).

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

Address: Source of Taxable Income.

Document: None.

1. This is only for a widow with US taxable income by the IRS. A US 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 2009, if there will be an estimated tax due of over \$1,000, pre-payments must be made. The most convenient method is to use [Form W-4](#) 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 IRS Form 1040 package has forms and instructions to prepay once every three months (quarterly) by mail to the IRS.

3. SBP paid to a Thai citizen residing in Thailand is not taxed. 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 nonrefundable: 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

- | | | |
|--|--------------------|---|
| <p>[1] JUSMAG-THAI
Retiree Activities Office, Rm. D-114
7 Sathorn Tai Road
Bangkok 10120 Thailand
Tel: 02-287-1036~45 Ext. 165
Fax: 02-285-6228
Email: raojusmagthai@san.osd.mil
Web: http://www.jusmagthai.com/rao.html</p> | <p>[OR]</p> | <p>JUSMAG-THAI
MAGTJS-RAO
APO AP 96546-5000</p> |
| <p>[2] JUSMAG-THAI
TRICARE Services, Rm. J-202
7 Sathorn Tai Road
Bangkok 10120 Thailand
Tel: 02-287-1036~45 Ext. 511 or Ext. 512
Mobile: 081-633-3793 (After-Hours Emergency; Nurse Pranee)
Fax: 02-287-1575
Email: nursetida.th@san.osd.mil or nursepranee.ctr.th@san.osd.mil
Web: http://www.jusmagthai.com/medical.html</p> | <p>[OR]</p> | <p>JUSMAG-THAI
MAGTJS-TRICARE
APO AP 96546-5000</p> |
| <p>[3] Addressee's Name
JUSMAG-THAI
Box-R #XXXX
APO AP 96546</p> | | |
| <p>[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</p> | <p>[OR]</p> | <p>Consular Section
U.S. Embassy
APO AP 96546-5000</p> |
| <p>[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/</p> | <p>[OR]</p> | <p>U.S. Embassy
Box C, Unit #8140
APO AP 96546-5000</p> |

- [6] Defense Finance and Accounting Service
U.S. Military Retirement Pay
P.O. Box 7130
London, KY 40742-7130
Tel: 1-800-321-1080 **or** 1-216-522-5955 (M-F, 0700-1930 ET)
Fax: 1-800-469-6559
Email: <https://ca.dtic.mil/dfas/s-retired/ret-pay.htm> (Customer Inquiry Portal)
Web: <http://www.dfas.mil/rapay.html>
- [7] Defense Finance and Accounting Service
U.S. Military Annuitant Pay
P.O. Box 7131
London, KY 40742-7131
Tel: 1-800-321-1080 **or** 1-216-522-5955 (M-F, 0700-1930 ET)
Fax: 1-800- 982-8459
Email: <https://ca.dtic.mil/dfas/s-retired/ret-pay.htm> (Customer Inquiry Portal)
Web: <http://www.dfas.mil/rapay.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
ATTN: Research & Analysis
400 Gigling Rd.
Seaside, CA 93955-6771
Tel: 1-800-334-4162 or 1-800-538-9522
Fax: 1-831-655-8317
Email: webmaster@osd.pentagon.mil
Web: https://www.dmdc.osd.mil/appj/deerswebsite/home.do</p> | <p>DEERS Support Office [Address Change]
ATTN: COA
400 Gigling Rd.
Seaside, CA 93955-6771
Tel: Same
Tel: Same
Email: addrifo@osd.pentagon.mil</p> |
|--|---|
- [10] Wisconsin Physicians Service - Foreign Claims
P.O. Box 7985
Madison, WI 53707-7985
Tel: 1-608-301-2310/2311
Fax: N/A
Email: Use Website Portal
Web: <http://www.tricare4u.com/>

- [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.randolph.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/2ngyba>
- [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: 1-877-294-6380 (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.va.gov>
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/site_map.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] **[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.va.gov>
Web: <http://www.va.gov/hac/forbeneficiaries/fmp/fmp.asp>
- [21] Department of Veterans Affairs
Washington Regional Office
1722 I Street N.W.
Washington, D.C. 20421
Tel: 1-800-827-1000
Fax: N/A
Email: <https://iris.va.gov>
Web: <http://www2.va.gov/directory/guide/facility.asp?ID=259>
- [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.va.gov> 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.va.gov> 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.va.gov> or <http://www.va.gov/hac/contact/contact.asp>

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

[25] [Manila, Philippines - VA & SSA Office (as applicable)]

Social Security Administration Division Social Security Administration Division

U.S. Department of Veterans Affairs [OR] Department of Veterans Affairs

United States Embassy

DPO AP 96515-1100

1131 Roxas Blvd., Ermita

0930 Manila, Philippines

Tel: +63-2-301-2000 (SSA and/or VA) Ext 6319/6302/5085

Fax: +63-2-522-1514 and +63-2-525-9482 (SSA) / Fax: +63-2-523-1224 (VA)

Email: FBU.Manila@ssa.gov and/or See List [26] below.

(Suggest initial contact with SSA generic email above then go specific once contact is made.

Doing this helps avoid your email just sitting in an examiner's inbox should they be away.)

Web: <http://manila.usembassy.gov/wwwwh3032.html>

[26] SSA Division - Manila, Philippines

Tel: Prefix +63-2-52x-xxxx

Web: <http://manila.usembassy.gov/wwwwh3004.html>

Alpha	Claims Examiner	Email Address	Telephone #	Fax #
A-C	Arleh V. Lara	Arleh.Lara@ssa.gov	525-6481 x2436	522-1514
D-E	Milet N. Ramos	Mellissa.N.Ramos@ssa.gov	525-6481 x2607	or
F-G	Betty V. Hipolito	Beatrice.Hipolito@ssa.gov	525-6481 x2465	525-9482
H-I	Niño P. Sandil	Nino.Sandil@ssa.gov	525-6481 x2410	↓
J-K	Bea D. Evangelista	Bea.Evangelista@ssa.gov	525-6481 x2647	
L-M	Robert Jason Jocson	Robert.Jocson@ssa.gov	525-6614 x2416	
N-O	Emmanuel B. Castillo	Emmanuel.Castillo@ssa.gov	525-6614 x2580	
P-Q	Gigi Jane R Nomil	Gigi.Jane.Nomil@ssa.gov	525-6614 x2461	
R-S	Noel R. Santiago	Emmanuel.Santiago@ssa.gov	525-6572 x2464	
T-V	Ivee P. Gomez	Ivee.Gomez@ssa.gov	525-6572 x2669	↓
W-Z	Mandy C. Argon	Armando.Aragon@ssa.gov	525-6572 x2596	

- [27] **[SSA - Already Receiving Benefits]**
Office of Central Operations
Social Security Administration
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 List [25] (Manila, Philippines)
Web: <http://www.ssa.gov/foreign/index.html>
- [28] **[SSA - Not Receiving Benefits - Inquire about Benefit Eligibility]**
Social Security Administration
ATTN: Claims Development Module
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 List [25] (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] **[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] **[Taxpayers Located Outside of the 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
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#acceptable>
- [33] **[Internal Revenue Service - 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 - Where to File Form 1040-ES (NR)]**
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 Sections
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)
Fax: N/A
Email: (1) <http://tinyurl.com/yemdksu> (General Contact)
(2) pongchan.pra@bbl.co.th (Direct Deposit)
Web: (1) <http://tinyurl.com/ydqgn3e> (Foreign Customers)
(2) <http://tinyurl.com/mu7fot> (Direct Deposit)

Doe, Jane

Agency Providing Assistance: VFW Post 1234, Service Officer: Smith

Status of Sponsor: USAF, Retired, Deceased

Status of Survivor: Alive

Annuity: Widow Applied for DP, and Child Applied for SSA

Annuity Receiving: ☐ DP ☐ SSA ☐ SBP ☐ OPM ☐ Other: _____

Action:

1 Jan 09 To DFAS, Claim Unpaid Pay
1 Jan 09 To VA Pittsburgh, VA 21-534
1 Jan 09 To SSA Claims, SSA-4
5 Jan 09 Received U.S. Flag

Suspense:

10 Jan 09
15 Mar 09
15 Mar 09

Survivor:

Doe, [Smith] Jane Anne, Female, Widow, ITIN 111-11- 1111

Date of Birth 1 Jan 1947

Age 60 [SSA] 20 Jan 2007

Age 65 [TRICARE For Life] 20 Jan 2012

ID Card Expires 20 Jan 2012

Date Last Contacted VFW: ☐ Visit ☐ Tel / Email / Letter 1 Nov 2008

Date of Marriage: 1 Jan 1997

Residence: Boom Bang Road A. Muang T. Wrongway
Korat 54321 Thailand [Jan 2009]

Correspondence: APO, JUSMAG

APO: Yes, JUSMAG **Tel:** 089-111-1111

Citizenship: Thai **SSA Paid in Thailand:** No **SBP Premiums:** None

Child:

Doe, John Robert Jr., Male, Son, SSN 222-22-2222

Date of Birth: 1 Jan 2000 **Date ID Card Expires:** 1 Jan 2010

Date End of Eligibility: Jan 2018

Address: See Widow

APO: Yes, JUSMAG **Tel:** See Widow

Citizenship: U.S. **Annuity:** SSA

Sponsor:

Doe, John Robert Sr., Male, SSN 333-33-3333, SN: AF 123456

VA Claim No. None

Annuity: Retired Pay & SSA

Status: U.S. Air Force Retired **TRICARE Status:** TFL

Date of Birth: 1 Jan 1932 **Date Retired:** 30 Jan 1972

Date of Death: 1 Jan 2002

Cause of Death: Heart Failure [Thai Death Certificate]

VA Service-Connected or Rated Totally Disabled:

Required Number of Years: ☒ Yes ☐ No

Vietnam Service: ☐ Yes ☒ No

Place of Death: Happy Ending Hospital, Bangkok, Thailand

Place of Cremation or Burial: Wat Ping-Pong, Bangkok, Thailand

* **FORMS** *

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

FORM NUMBER TITLE

SECTION - A

DEPARTMENT OF VETERANS AFFAIRS (VA)

<u>VA 10-10d</u>	Application for CHAMPVA Benefits
<u>VA 10-7959f-1</u>	Foreign Medical Program (FMP) Registration Form
<u>VA 10-7959f-2</u>	Claim Cover Sheet - Foreign Medical Program (FMP)
<u>VA 21-22</u>	Appointment of Veterans Service Organization as Representative
<u>VA 21-22a</u>	Appointment of Individual as Representative
<u>VA 21-530</u>	Application for Burial Benefits
<u>VA 21-534</u>	Application for DIC, DP and Accrued Benefits
<u>VA 21-674</u>	Approval of School Attendance
<u>VA 21-2008</u>	Application for U.S. Burial Flag
<u>VA 22-5490</u>	Application for Educational Assistance
<u>VA 24-0296</u>	Direct Deposit Enrollment
<u>VA 29-4125</u>	Claim for One Sum Payment GLI (Government Life Insurance)
<u>VA 40-0247</u>	Presidential Memorial Certificate Request
<u>VA 40-1330</u>	Application for Headstone or Marker

SECTION - B

SOCIAL SECURITY ADMINISTRATION (SSA)

<u>CMS-40B</u>	Application for Enrollment in Medicare
<u>SS-5-FS</u>	Application for Social Security Card
<u>SSA-8-F4</u>	Application for Lump-Sum
<u>SSA-9 INST</u>	Listing of Proofs
<u>SSA-10-BK</u>	Application for Widow's Benefits
<u>SSA-11-BK</u>	Request to be Selected as Payee
<u>SSA-21</u>	Supplement to Claim of Person Outside the U.S.
<u>SSA-795</u>	Statement of Claimant or Other Person

SECTION - C

DEPARTMENT OF DEFENSE (DoD)

<u>DFAS-CL 5840/26</u>	Affidavit of Citizenship Status
<u>DD-2656-7</u>	Verification for Survivor Annuity
<u>NOK Letter</u>	Consent of Next of Kin to Release Information/Copies of Documents
<u>SF-180</u>	Request Pertaining to Military Records
<u>SF-1174</u>	Claim for Unpaid Compensation

SECTION - D

CASUALTY REPORTS (See Section L)

SECTION - E

TRICARE (JUSMAG)

<u>DD-2642</u>	TRICARE Claim Form (To Wisconsin Physicians Service (WPS))
<u>DD-2527</u>	Statement of Personal Injury - Possible Third Party Liability
<u>Privacy</u>	Authorization to Disclose Information

SECTION - F SF-1199A VA 24-0296	DIRECT DEPOSIT Direct Deposit Sign-up Form Direct Deposit Enrollment (VA)
SECTION - G IRS W-4 IRS W-7 IRS W-8BEN	INTERNAL REVENUE SERVICE (IRS) Employee's Withholding Allowance Application for Individual Taxpayer Identification Number (ITIN) Certificate of Foreign Status for U.S. Tax Withholding
SECTION - H, I	N/A
SECTION - J	PROFILE PAGE (Template)
SECTION - K	THIS SECTION
SECTION - L L-1 to 8 L-9 L-10 L-11 L-12 L-13 L-14 L-15 L-16	LETTERS (Templates) Casualty Report - Military Retired to (3) 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 Insurance Company from Beneficiary Cash U.S. Treasury Checks 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	USUS 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 DVAPRM (DD-1173 for DVAPRM also used)
DoS	U.S. Passport
DS-2060	Report of the Death of an American Citizen Abroad
IRS 1040	US Individual Income Tax Return (Instructions)
IRS 1040NR	US 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)

March 1, 2010

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 xx**
- Date and Place of Death: **xx March 2010, 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 English Translation.

March 1, 2010

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 xx**
- Date and Place of Death: **xx March 2010, Udon, 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 English Translation.

March 1, 2010

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 xx**
- Disability Rating: **xx%**
- Unit: **Eighth US Army, G-3, Yongsan AIN, R.O.K.**
- Date and Place of Death: **xx March 2010, 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: xxxxxxxxx@xxxxx.xxx

(2) Encl

1. Department of State - Report of the Death of an American Citizen Abroad (DS-2060).
2. DD-214.

March 1, 2010

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 xx**
- Disability Rating: **xx%**
- Unit: **Combined Task Force (CTF)-57/72, Kamesaya NSF, Japan**
- Date and Place of Death: **xx March 2010, 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 English Translation.

March 1, 2010

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 xx**
- Disability Rating: **xx%**
- Unit: **20th Bombardment Squadron, Barksdale AFB, LA**
- Date and Place of Death: **xx March 2010, 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 English Translation.

March 1, 2010

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 xx**
- Disability Rating: **xx%**
- Unit: **3d Marine Expeditionary Brigade, Okinawa, Japan**
- Date and Place of Death: **xx March 2010, 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 English Translation.

March 1, 2010

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 xx**
- Disability Rating: **xx%**
- Unit: **Maritime Law Enforcement Academy, Charleston, SC**
- Date and Place of Death: **xx March 2010, 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 English Translation.

March 1, 2010

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 xx**
- Date and Place of Death: **xx March 2010, 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 English Translation.

VFW Post 9876

From: VFW Service Officer [vfwpost9876@gmail.com]
Sent: Friday, March 1, 2010
To: Long, Peter B.
Subject: Death Report

Deceased

Worker: Doe, John William
SSN 123-45-6789
Date of Death: 1 March 2010
Date of Birth: 18 January 1936

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 English Translation.

[Signature and Title]

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

March 1, 2010

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 English Translation.

March 1, 2010

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 March 1, 2010 (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] 1. Thai Death Certificate with English Translation.
2. Photocopy of latest Bank Account Statement.

March 1, 2010

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 March 1, 2010 (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] 1. Thai Death Certificate with English Translation.

2. Photocopy of latest Credit Card Statement.

L-12

March 1, 2010

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 March 1, 2010 (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 present 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]**
1. Thai Death Certificate with English Translation.
 2. Claim Form.
 3. Photocopy of Policy Pages.

March 1, 2010

MEMORANDUM FOR Bangkok Bank PCL
Main Office
333 Silom Rd.
Bangkok 10500

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

[OR] [APO Box]

SUBJECT: U.S. Treasury Checks Presented for Cashing

1. Mrs. _____ is a widow of a United States military retiree who is receiving an annuity paid by two United States Treasury checks each month. The current amount for both checks is \$552 a month. She has a Department of Veterans Affairs letter showing her current monthly rate (encl 1). She will continue to receive two checks for the rest of her life.
2. She has received a check for the amount of \$2,861 that is for the amount of her Department of Veterans Affairs annuity not received from the date of the death of her husband to the present date. This is a one-time event.
3. We request that Mrs. _____ be given the courtesy to cash U.S. Treasury checks payable in her name.

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

Tel: 08x-xxx-xxxx
Email: xxxxxxxx@xxxxx.xxx

Encl

1. Copy of VA Award Letter.

Cc:
Bangkok Bank PCL
XXXXXX Branch
XXXXXX Soi XXXX
Pattaya City 12543

March 1, 2010

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 Benefits

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

Widow: Doe, Jane A. SSN 987-65-43221

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] benefits as the widow of an eligible veteran, Doe, John B., beginning with the date of his death on March 1, 2010 (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 English Translation.

March 1, 2010

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: 17 January 1945 / 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-16

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 <input checked="" type="checkbox"/> SSN or <input type="checkbox"/> ITIN <input type="checkbox"/> EIN	7 Foreign tax identifying number, if any (optional)
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 _____ 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)



Printed on Recycled Paper

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).

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
AP0 AP 96546
City State Zip Code

- ☐ Legal guardian (Must submit copy of court appointment.)
- ☐ Other (specify) _____

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

CLAIM FOR UNPAID COMPENSATION OF DECEASED MEMBER OF THE UNIFORMED SERVICES

Part A.

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

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

1. List below the name, social security number, age, relationship, and address of:

- [illegible]

(This form has been authorized for local reproduction.)

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)

AP0 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)

AP0 AP 96546 AP0 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

Social Security Administration

TOE 120/145/155

Form Approved
OMB No. 0960-0013

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) <u>JANE J. LEAVEM</u>	When (Month, day, year) <u>12/24/1963</u>
	Where (Enter name of City and State) <u>BANGKOK, THAILAND</u>	
	Last marriage of the deceased How marriage ended <u>DEATH</u>	When (Month, day, year) <u>10/19/2009</u>
	Marriage performed by: <input checked="" type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age) <u>JULY 27, 1943</u>
	If spouse deceased, give date of death <u>N/A</u>	
	Spouse's Social Security Number (If none or unknown, so indicate) <u>NONE</u>	
	To whom married (Name at Birth) <u>KATHY E. BARFLY</u>	When (Month, day, year) <u>05/14/1948</u>
	Where (Enter name of City and State) <u>NORFOLK, VIRGINIA</u>	
	Previous marriage of the deceased How marriage ended <u>DIVORCE</u>	When (Month, day, year) <u>09/16/1950</u>
	Marriage performed by: <input checked="" type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age) <u>FEB 27, 1928</u>
	If spouse deceased, give date of death <u>N/A</u>	
	Spouse's Social Security Number (If none or unknown, so indicate) <u>999/88/7777</u>	
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
	<u>JAMES JON JOHNSON</u>	
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 <u>N/A</u>	
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 they were apart at time of death
	Reason absence began	
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) MASON C. TEMPLE		When (Month, day, year) 03/16/1962
Where (Enter name of City and State) KORAT, THAILAND		
Your previous marriage	How marriage ended DIVORCE	When (Month, day, year) 10/11/1963
	Where (Enter name of City and State) CHIANG MAI, THAILAND	
	Marriage performed by: <input checked="" type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age) JUNE 18, 1933
	If spouse deceased, give date of death 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) 10/25/2009
Signature (First name, middle initial, last name) (Write in ink)	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 APO AP	ZIP Code 96546	Enter Name of County (if any) in which you now live
---------------------------------	--------------------------	---

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 (<i>herein referred to as the "deceased"</i>)	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>987 65 4321</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</i> <input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <i>(If "Yes," answer (b) and (c).)</i> <input type="checkbox"/> No <i>(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</i> <input type="checkbox"/>	<u>987 65 4321</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).)</i> <i>(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 <i>active</i> duty or active duty for training) after September 7, 1939 and before 1968?	<input checked="" type="checkbox"/> Yes <i>(If "Yes," answer (b) and (c).)</i> <input type="checkbox"/> No <i>(If "No," go on to item 9.)</i>
	(b) Enter dates of service.	(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 \$ — <u>0</u> —	
	(b) About how much did the deceased earn the year before death? _____	Amount \$ — <u>0</u> —	
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: <input checked="" type="checkbox"/> 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		When (Month, Day, and 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, 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)	JULY 27, 1943	N/A
Spouse's Social Security Number (If none or unknown, so indicate) _____		NONE	
To whom married		When (Month, Day, and 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, and Year)	Where (Enter name of City and State)
	DIVORCE	09/16/1950	NORFOLK, VIRGINIA
	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)	FEB 27, 1928	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? _____		<input type="checkbox"/> Yes <i>(If "Yes," enter the name and address in "Remarks.")</i> <input checked="" type="checkbox"/> No
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 JONATHAN J. JOHNSON		When (Month, Day, and Year) 12/24/1963	Where (Enter name of City and State) BANGKOK, THAILAND
Your current or last marriage	How marriage ended DEATH	When (Month, Day, and Year) 10/19/2009	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 Nov 24, 1926	If spouse deceased, give date of death 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 MASON C. TEMPLE		When (Month, Day, and Year) 03/16/1962	Where (Enter name of City and State) KORAT, THAILAND
Your previous marriage (IF NONE WRITE "NONE")	How marriage ended DIVORCE	When (Month, Day, and Year) 10/11/1963	Where (Enter name of City and State) CHIANG MAI, THAILAND
	Marriage performed by: <input checked="" type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth JUNE 18, 1933	If spouse deceased, give date of death 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.	(a) Are you, or during the past 14 months have you been, unable to work because of illnesses, injuries or conditions? _____	<input type="checkbox"/> Yes <i>(If "Yes," answer (b) .)</i>	<input checked="" type="checkbox"/> No <i>(If "No," go on to item 19.)</i>
	(b) Enter the date you became unable to work. _____	(Month, day, year)	
19.	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? _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
20.	Did you or the deceased work in the railroad industry for 5 years or more? _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
21.	(a) Did you or the deceased have Social Security credits (for example, based on work or residence) under another country's Social Security System? _____	<input type="checkbox"/> Yes <i>(If "Yes," answer (b).)</i>	<input checked="" type="checkbox"/> No <i>(If "No," go on to item 22.)</i>
	(b) If "Yes," list the country(ies). _____		
22.	(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> _____	<input type="checkbox"/> Yes <i>(If "Yes," check which of the items in item (b) applies to you.)</i>	<input checked="" type="checkbox"/> No <i>(If "No," go on to item 23.)</i>
	(b) <input type="checkbox"/> I receive a government pension or annuity. <input type="checkbox"/> I received a lump sum in place of a government pension or annuity. <input type="checkbox"/> I applied for and am awaiting a decision on my pension or lump sum.	<input type="checkbox"/> I have not applied for but I expect to begin receiving my pension or annuity: _____ (Month, year) <i>(If the date is not known, enter "Unknown".)</i>	

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.	Do you want to enroll in the Medicare Part B (Medical Insurance)? _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
-----	---	------------------------------	--

Example

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

24.	<p>(a) How much were your total earnings last year? _____ \$</p>				
<p>(b) Place an "X" in each block for each month of last year in which you <u>did not earn</u> more than *\$ _____ in wages, and <u>did not perform</u> 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."</p> <p>*Enter the appropriate monthly limit after reading the instructions, "<u>How Your Earnings Affect Your Benefits.</u>"</p>		NONE		ALL	
		Jan.	Feb.	Mar.	Apr.
		May	Jun.	Jul.	Aug.
		Sept.	Oct.	Nov.	Dec.

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.	<p>(a) How much do you expect to earn next year? _____ \$ — 0 —</p>				
<p>(b) Place an "X" in each block for each month of next year in which you <u>do not expect to earn</u> more than *\$ _____ in wages, and <u>do not expect to perform</u> 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."</p> <p>*Enter the appropriate monthly limit after reading the instructions, "<u>How Your Earnings Affect Your Benefits.</u>"</p>		NONE		ALL	
		Jan.	Feb.	Mar.	Apr.
		May	Jun.	Jul.	Aug.
		Sept.	Oct.	Nov.	Dec.

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.	<p>(a) I want benefits beginning with the earliest possible month that will be the most advantageous. _____ <input checked="" type="checkbox"/></p> <p>(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. _____ <input type="checkbox"/></p> <p>(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. _____ <input type="checkbox"/></p>
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ANSWER QUESTION 29 ONLY IF YOU ARE NOW AT LEAST AGE 61 YEARS, 8 MONTHS.

29.	<p>Do you wish this application to be considered an application for retirement benefits on your own earnings record? _____</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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)		Telephone number(s) at which you may be contacted during the day +66-81-234-9876	
SIGN HERE ►	JANE J. JOHNSON		
	-AREA CODE-		
FOR OFFICIAL USE ONLY	Direct Deposit Payment Address (Financial Institution)		
	Routing Transit Number	C/S	Depositor Account Number
			<input type="checkbox"/> No Account <input type="checkbox"/> Direct Deposit Refused
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? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Alone <input checked="" type="checkbox"/> In my home (Go to (b).) <input type="checkbox"/> With a relative (Go to (b).) <input type="checkbox"/> With someone else (Go to (b).) <input type="checkbox"/> In a board and care facility (Go to (b).) </div> <div style="width: 45%;"> <input type="checkbox"/> In a public institution (Go to (c).) <input type="checkbox"/> In a private institution (Go to (c).) <input type="checkbox"/> In a nursing home (Go to (c).) <input type="checkbox"/> In the institution I represent (Go to (c).) </div> </div>			
	(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 <div style="display: flex; justify-content: space-between;"> Residence: Mailing: Telephone Number: </div>			
	(d) Do you expect the claimant's living arrangements to change in the next year? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter: (a) Name of parent _____ (b) Address of parent _____ (c) Telephone number _____ (d) Does the parent show interest in the child? <input type="checkbox"/> YES <input type="checkbox"/> 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) <input type="checkbox"/> Official of bank, agency or institution with responsibility for the person. Enter below which you represent: <div style="margin-left: 20px;"> <input type="checkbox"/> Bank <input type="checkbox"/> Social Agency <input type="checkbox"/> Public Official <input type="checkbox"/> Institution: <div style="margin-left: 20px;"> <input type="checkbox"/> Federal <input type="checkbox"/> State/Local <input type="checkbox"/> Private non-profit <input type="checkbox"/> Private proprietary institution. Is the institution licensed under State law? <input type="checkbox"/> YES <input type="checkbox"/> NO </div> </div> IF (a) ABOVE CHECKED, COMPLETE ONLY QUESTIONS 10 AND 11 AND SIGN THE FORM ON PAGE 4. (b) <input checked="" type="checkbox"/> Parent (c) <input type="checkbox"/> Spouse (d) <input type="checkbox"/> Other Relative - Specify _____ (e) <input type="checkbox"/> Legal Representative (f) <input type="checkbox"/> Board and Care Home Operator (g) <input type="checkbox"/> Other Individual - Specify _____ IF (b), (c), (d), or (e) ABOVE CHECKED, GO ON TO QUESTION 12			
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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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) <u>AUGUST 2002</u>
-----	---

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

Form Approved
OMB No. 0960-0051

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	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. →		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. →		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	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? →		<input type="checkbox"/> Yes <input type="checkbox"/> 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? →		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
	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? →		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
	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
	a. JANE J. JOHNSON	69 SOI PING-PONG MEKONG ROAD	BANGKOK	56789
	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.*

Example



Department of Veterans Affairs

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

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

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," answer Item 2)		2. What is the VA file number? _____	
	3. Has the surviving spouse or child ever filed a claim with VA? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," answer Items 4 through 6)		4. What is the VA file number? _____	
	5. What is the name of the person on whose service the claim was filed? _____ First Middle Last			
	6. What is your relationship to that person? _____			
	7. Are you claiming service connection for cause of death? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	8. What is the veteran's name? <u>JONATHAN JAY JOHNSON</u> First Middle Last Suffix (If applicable)			
	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.	9. What is the veteran's Social Security number? <u>987-65-4321</u>		10a. Did the veteran serve under another name? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," answer Items 10b)
10b. Please list the other name(s) the veteran served under: _____ _____		11. What is the veteran's date of birth? <u>11/24/1926</u> mo day yr		
12. What is the veteran's date of death? <u>10/19/2009</u> mo day yr		13. Was the veteran a former prisoner of war? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
14. What is your name? (First, Middle, Last Name) <u>JANE JAMAKHAN JOHNSON</u>		15. What is your relationship to the veteran? (check one) <input checked="" type="checkbox"/> Surviving Spouse <input type="checkbox"/> Child		
16. What is your address? <u>JUSMAG-THAI Box-R# 9876</u> Street address, Rural Route, or P.O. Box Apt. number <u>APO AP 96546 USA (IN THAILAND)</u> City State ZIP Code Country				
17. What are your telephone numbers? (Include Area Code) <u>+66-81-234-9876</u>		18. What is your e-mail address? <u>very_sad@widow.com</u>		
19. What is your Social Security number? <u>NONE</u>		20. What is your date of birth? <u>07/27/1943</u> mo day yr		

Example

SECTION III Tell us about the veteran's active duty service 1. Enter complete information for all periods of service. If more space is needed use Item 48 "Remarks." 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.	Note: Skip to Section IV if the veteran was receiving VA compensation or pension at the time of his/her death.			
	21a. Entered Active Service (first period) <u>01/18/1945</u> mo day yr	21b. Place FT. HAMILTON	21c. Service Number N 8765 4321	
	21d. Left This Active Service <u>10/05/1954</u> mo day yr	21e. Place NORFOLK NAS	21f. Branch of Service U.S. NAVY	21g. Grade, Rank, or Rating E-6, YN1
	21h. Entered Active Service (second period) <u>10/06/1954</u> mo day yr	21i. Place FT. BRAGG	21j. Service Number A 1234 5678	
	21k. Left This Active Service <u>08/01/1971</u> mo day yr	21l. Place FT. POPE	21m. Branch of Service U.S. ARMY	21n. Grade, Rank, or Rating E-9, SGM

SECTION IV Tell us about your and the veteran's marital history Attach a copy of your marriage certificate showing your marriage to the veteran.	Note: Skip to Section V if the veteran was receiving additional VA benefits for you as his/her spouse at the time of his/her death unless you remarried after the veteran's death. 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 about the marriages.
--	---

The veteran's marriages

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

22b. Date of Marriage	22c. Place (city/state or country)	22d. To whom married (first, middle initial, last name)	22e. Date marriage ended	22f. Place (city/state or country)	22g. How marriage ended (death, divorce)
<u>05/14/1948</u> mo day yr	NORFOLK, VIRGINIA	KATHY E. BARFLY	<u>09/16/1950</u> mo day yr	NORFOLK, VIRGINIA	DIVORCE
<u>12/24/1963</u> mo day yr	BANGKOK, THAILAND	JANE J. LEAVEN	<u>10/19/2009</u> mo day yr	BANGKOK, THAILAND	DEATH

The surviving spouse's marriages. Note: Items 23a through 27 should be completed by the veteran's surviving spouse. If the claimant is not the surviving spouse, skip to Section V.

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

23c. Date of Marriage	23d. Place (city/state or country)	23e. To whom married (first, middle initial, last name)	23f. Date marriage ended	23g. Place (city/state or country)	23h. How marriage ended (death, divorce)
<u>12/24/1963</u> mo day yr	BANGKOK, THAILAND	JONATHAN J. JOHNSON	<u>10/19/2009</u> mo day yr	BANGKOK, THAILAND	DEATH
mo day yr			mo day yr		

Example

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

Answer Item 24 only if you were married to the veteran for less than one year.	24. Was a child born to you and the veteran during your marriage or prior to your marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO	25. Are you expecting the birth of a child of the veteran? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	26. Did you live continuously with the veteran from the date of marriage to the date of his/her death? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No", answer Item 27)</i>	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.

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
- between 18 and 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 (First, middle initial, Last)	28b. Date and place of birth (City/State or Country)	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	08/15/1993 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"/>
	_____ mo day yr		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ 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 (first, middle initial, last)	30b. Child's Complete Address	30c. Name of person the child lives with (if applicable)	30d. Monthly amount you contribute to child's support
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.

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?

☐ YES ☒ NO

(If "No," skip to section VII)

32a. Are you now in a nursing home?

☐ YES ☒ NO

(If "Yes," answer Items 32b and 32c also)

32b. What is the name and complete mailing address of the facility?

N/A

32c. Does Medicaid cover all or part of your nursing home costs?

☐ YES ☐ NO

(If "No," answer Item 32d also)

N/A

32d. Have you applied for Medicaid?

☐ YES ☐ NO

N/A

Example

<p>SECTION VII Tell us the net worth of you and your dependents</p> <p>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.</p>	<p>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.</p> <p>For Items 33a through 33f, provide the amounts. If none, write "0" or "None."</p>			
Source	Surviving spouse or Custodian of children	Child(ren)		
		Name: <i>(first, middle initial, last)</i> JAMES J. JOHNSON	Name: <i>(first, middle initial, last)</i> N / A	Name: <i>(first, middle initial, last)</i> N / A
33a. Cash, bank accounts, certificates of deposit (CDs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33b. IRAs, Keogh Plans, etc.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33c. Stocks, bonds, mutual funds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33d. Value of business assets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33e. Real property <i>(not your home)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33f. All other property	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>SECTION VIII Tell us about the income of you and your dependents</p> <p>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.</p> <p>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.</p>	<p>Report the total amounts before you take out deductions for taxes, insurance, etc. Do not report the same information in both tables.</p> <p>If you expect to receive a payment, but you don't know how much it will be, write "Unknown" in the space.</p> <p>If you do not receive any payments from one of the sources that we list, write "0" or "None" in the space.</p> <p>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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," answer item 34b)</i>		34b. Is Social Security based on your own employment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		36. Has a court awarded damages based on the death of the veteran or is a claim or legal action for damages pending? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	37. Have you claimed or are you receiving Survivor Benefit Plan (SBP) annuity from a service department based on the death of the veteran? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

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: (first, middle initial, last)	Name: (first, middle initial, last)	Name: (first, middle initial, last)
		JAMES J. JOHNSON	N/A	N/A
38a. Social Security	Ø	\$400.00		
38b. U.S. Civil Service	Ø	Ø		
38c. U.S. Railroad Retirement	Ø	Ø		
38d. Military Retirement (SBP)	UNKNOWN	Ø		
38e. Black Lung Benefits	Ø	Ø		
38f. Supplemental Security Income (SSI)/ Public Assistance	Ø	Ø		
38g. Other income received monthly (Please write source below:)	Ø	Ø		

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: (first, middle initial, last)	Name: (first, middle initial, last)	Name: (first, middle initial, last)
		JAMES J. JOHNSON	N/A	N/A
39a. Gross wages and salary	Ø	Ø		
39b. Total dividends and interest	Ø	Ø		
39c. Other income expected (Please write source below:)	Ø	Ø		
39d. Other income expected (Please write source below:)	Ø	Ø		

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
\$ 96.40	10 01 2009 mo day yr	MONTHLY MEDICARE DEDUCTION	SSA	SELF
\$ N/A	mo day yr			
\$ N/A	mo day yr			
\$ N/A	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 999 8888 7765

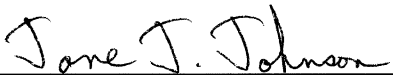
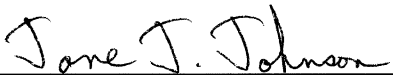
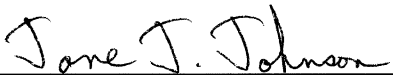
42. Name of financial institution

BANGKOK BANK PLC

43. Routing or transit number


0260-0869 1

Example

<p>SECTION XI Give us your signature</p> <p>1. Read the box that starts, "I certify and authorize the release of information:"</p> <p>2. Sign the box that says, "Your signature."</p> <p>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.</p>	<p>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.</p> <table border="1"> <tr> <td data-bbox="467 369 1230 489"> <p>44. Your signature</p>  </td> <td data-bbox="1230 369 1524 489"> <p>45. Today's date</p> <p>10/25/2009</p> </td> </tr> <tr> <td data-bbox="467 489 966 625"> <p>46a. Signature of witness (If claimant signed above using an "X")</p> </td> <td data-bbox="966 489 1524 625"> <p>46b. Printed name and address of witness</p> </td> </tr> <tr> <td data-bbox="467 625 966 758"> <p>47a. Signature of witness (If claimant signed above using an "X")</p> </td> <td data-bbox="966 625 1524 758"> <p>47b. Printed name and address of witness</p> </td> </tr> </table>		<p>44. Your signature</p> 	<p>45. Today's date</p> <p>10/25/2009</p>	<p>46a. Signature of witness (If claimant signed above using an "X")</p>	<p>46b. Printed name and address of witness</p>	<p>47a. Signature of witness (If claimant signed above using an "X")</p>	<p>47b. Printed name and address of witness</p>
<p>44. Your signature</p> 	<p>45. Today's date</p> <p>10/25/2009</p>							
<p>46a. Signature of witness (If claimant signed above using an "X")</p>	<p>46b. Printed name and address of witness</p>							
<p>47a. Signature of witness (If claimant signed above using an "X")</p>	<p>47b. Printed name and address of witness</p>							
<p>SECTION XII</p> <p>Remarks - Use this space for any additional statements that you would like to make concerning your application.</p> <p>IMPORTANT</p> <p>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.</p>	<p>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)</p> <div style="border: 2px solid red; padding: 10px;"> <p>From SEC I, #7</p> <p>My husband was discharged from active duty for a physical disability with entitlement to receive pay.</p> <p>The military records received did not specify the nature of the physical disability. His papers have no record of him ever applying for a VA disability pension 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.</p> <p>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 being discharged.</p> <p>From SEC VIII, #34a.</p> <p>My late husband was receiving SSA insurance checks. As the widow of a SSA entitled worker I may also apply for benefits. As a citizen and resident of Thailand I would not be paid SSA benefits unless the cause of his death was due to a service-connected cause. If I am unable to provide proof of a service-connected death, I will not apply.</p> <p>[OR]</p> <p>From SEC VIII, #34a.</p> <p>I have applied for and will receive SBP from the Department of Defense being that my husband was retired from the U.S. Air Force.</p> <p>Currently, I am eligible for 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.)</p> </div>							

Example

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

 Department of Veterans Affairs		APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES	
<small>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, 58VA21/22, 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.</small>			
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 (<i>Print or type</i>) JONATHAN JAY JOHNSON		2. OTHER NAMES USED BY VETERAN (<i>Print or type</i>) 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 (<i>Check box</i>) <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 (<i>or Selected Reserve</i>) 01/18/1945	8. DATE RELEASED FROM ACTIVE DUTY (<i>or Selected Reserve</i>) 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 (<i>Name of cemetery, city, and State</i>) 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 (<i>If "No," explain in Item 15, "Remarks" (See paragraph E of the "Instructions")</i>)			
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 (<i>Number and street or rural route, city or P.O., State and ZIP Code</i>) 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 (<i>Sign in INK</i>) Jane Johnson	17. ADDRESS OF APPLICANT (<i>Number and street or rural route, city or P.O., and ZIP Code</i>) 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 (<i>Sign in INK</i>)		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
SEP 2005

21-2008

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 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
DEC	Deceased
DEERS	Defense Enrollment Eligibility Reporting System
DFAS	Defense Finance and Accounting Service
DIC	Dependency and Indemnity Compensation
DP	Death Pension (aka Improved Pension)
DOB	Date of Birth
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
DVAPRM	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 Service 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
VSO	Veterans Service Organization
WPS	Wisconsin Physicians Service