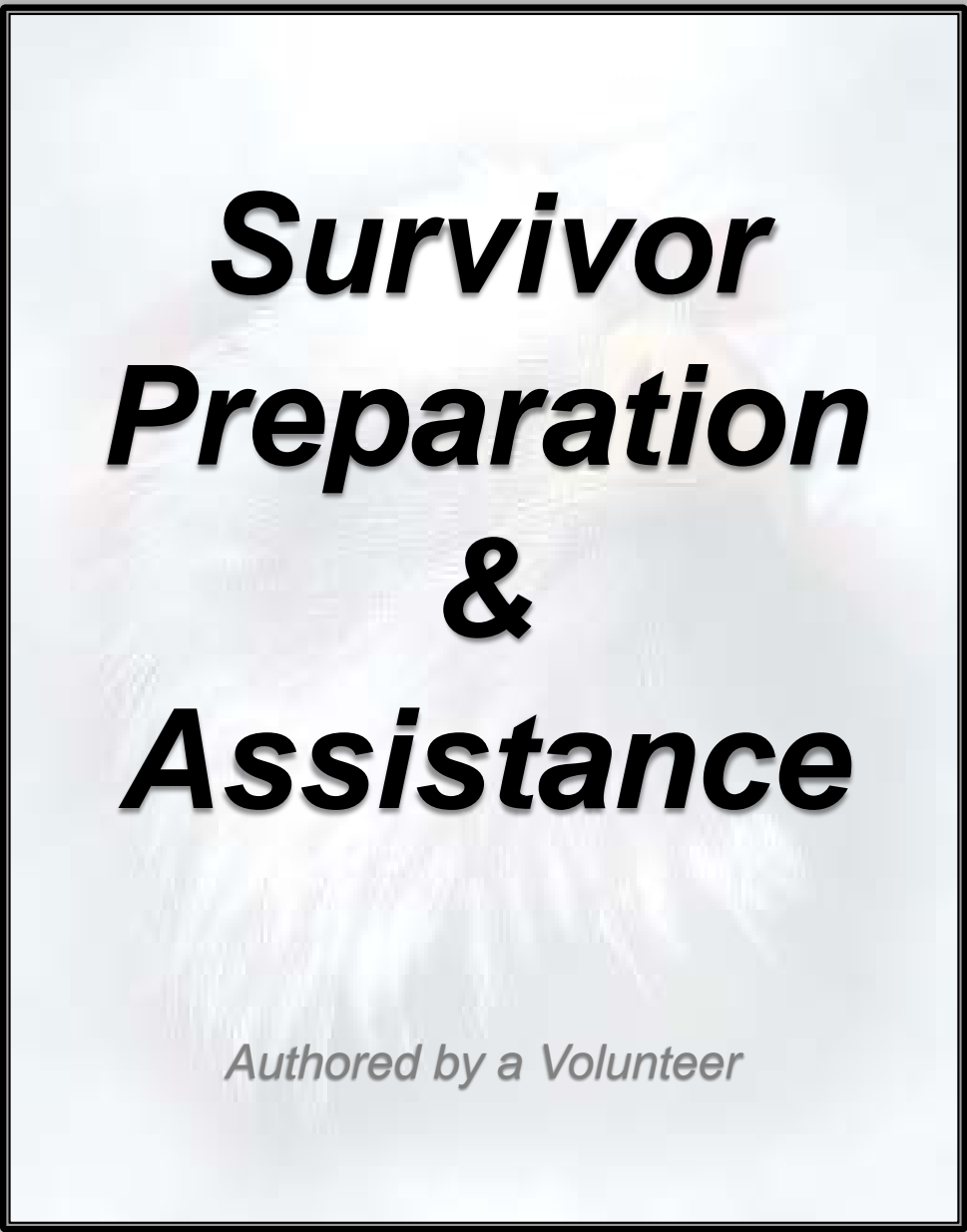


**US Citizens
(Thailand)**



***Survivor
Preparation
&
Assistance***

Authored by a Volunteer



2024

*** Preface ***

Over the years, the same recurring questions from friends, peers and fellow US citizens (USCIT) convinced me that the need for a guide like this exists. I am happy to oblige!

I have prepared this guide for use by US citizens in Thailand. Initial distribution of this guide is to US Embassy (Bangkok) and US Consulate General (Chiang Mai) Citizen Liaison Volunteers (CLV). In turn, CLVs are asked to pass this guide to known USCITs in their respective geographic zone.

My friends and peers call me *BP*. I am retired Air Force and have been wearing different volunteer hats in Thailand assisting US citizens, their family members and their surviving family members with US government benefits since 2006. My primary focus is certain US federal benefits and Department of Defense (DoD) retired military benefits. Included in this support is survivor preparation and assistance which I have been helping with since 2009.

Like many other career military members, I chose a second career (volunteering) after proudly completing military service. My interest in benefits and survivor assistance began in 1991 after our Air Force squadron lost several members during Operation DESERT STORM. At the time, I knew their surviving family members were being helped, but I didn't precisely know how.

When properly utilized, this guide is intended to prevent assistance errors to include survivors not losing tens of thousands of dollars (or more) in monetary benefits due to substandard assistance.

“There’s no “I” in team.” A fitting idiom that I wholeheartedly believe in and embrace. I could not have produced this guide unassisted, and therefore, I would be remiss by not thanking those who provided content assistance. I am indebted to the following:

- US Citizen Services (ACS), US Embassy (Bangkok).
- Federal Benefits Unit (FBU) Manila, PI.
- Burials and Memorials, Department of Veterans Affairs (VA).
- TRICARE, Joint US Military Advisory Group, Thailand (JUSMAGTHAI).
- Original Director (Decd.), Retiree Activities Office (RAO), JUSMAGTHAI.
- Army Post Office (APO), JUSMAGTHAI.
- Citizen Liaison Volunteers Dan C. and Bruce T.
- Numerous persons over the years for asking thoughtful questions and sharing their experiences.

I welcome and appreciate constructive inputs! I always give inputs due consideration. Share your knowledge and experience. I'd rather receive something twice than not at all. Send it!

To finish, I hope you find this guide to be informative and useful. CLVs are welcome to email me directly with pertinent questions. If you received this guide from a CLV or from another individual, you may contact the CLV in your geographic zone for assistance. If you're unsure of who your respective CLV is, please contact ACS, Bangkok [1] or ACS, Chiang Mai [2] (as applicable).

- CLV *BP*

Still Serving.

*** Disclaimer ***

The information provided in this guide is for general educational purposes only. The information provided does not, is not intended to, nor should be interpreted as an unchangeable statement or commitment to actions, nor constitute legal advice.

All information in this guide is provided in good faith; the author makes no warranty of any kind, express or implied regarding the accuracy, adequacy, validity, reliability, availability or completeness of any information being that information and external hyperlinks contained in this guide are subject to change due to changes in Public Law, Policy, Procedure, etc.

While the information in this guide is accurate at the time of publishing, it may not constitute the most up-to-date information as time passes after it's published.

This guide contains hyperlinks to government and civilian websites. Such links are for the convenience of the reader or user; the author does not endorse the contents and accuracy of those sites. Being that this guide is not intended to mirror all related information available on the internet, the author accepts no responsibility or liability for the topicality, correctness or completeness of the information provided. Case details vary significantly and must be addressed on a case-by-case basis.

Liability claims against the author, which refer to material or non-material damages, which have been caused by the use or non-use of the information provided or by the use of incorrect and incomplete information, are fundamentally excluded.

This guide is not backed by, associated with, or endorsed by the US government. Where there are experience-based opinions expressed in this guide, they are those of the author. They do not purport to reflect the views and opinions of the US government. Moreover, the appearance and inclusion of external hyperlinks does not constitute endorsement by the US government or the information, products or services contained therein. This guide is provided free of charge and is for educational purposes only.

All trademarks, logos, brand names and copyrights are the property of their respective owners. All government agency, private company, product and service names used in this guide are for identification purposes only. Online links to, and use of, these names, trademarks, logos, brands and copyrights, does not imply endorsement.

Sharing for educational purposes is "Fair Use" (17 U.S. Code § 107). Posting this guide on a third-party website without express written authorization from the author, is not.

Once again, this publication is unofficial and for educational guidance only. The information in this guide is accurate at the time of publishing.

*** Contents ***

CATEGORY	PAGE
Preface	i
Disclaimer	ii
Introduction	1
 SECTION	
 A - SURVIVOR PREPARATION	
· Basics	A-1
· Documents & Information List (Bilingual)	A-5
 B - SURVIVOR ASSISTANCE	
· Basics	B-1
· US Military Veterans	B-5
· US Citizen Death in Thailand (Initial Actions)	B-7
· Worksheet	B-9
· Checklist	B-14
· Witness to Printed Signature	B-18
 C - REPORTS OF DEATH	
· Department of State (DoS)	C-1
· Social Security Administration (SSA)	C-2
· Office of Personnel Management (OPM)	C-3
· Thrift Savings Plan (TSP)	C-5
· Federal Employees Dental and Vision Insurance Program (FEDVIP)	C-7
· Federal Employees Long-Term Care Insurance Program (FLTCIP)	C-9
· National Personnel Records Center (NPRC) (Military Records)	C-11
· Department of Veterans Affairs (VA)	C-13
· Department of Defense (DoD) (DFAS/DEERS/TRICARE Overseas/APO) .	C-15
· US Coast Guard (Retiree and Annuitant Services)	C-21
· Insurance (Life/Accident/Travel/Health)	C-23
· Financial Institutions	C-25
· Digital Assets Accounts	C-27
· Credit Cards & Other Debt	C-29
· Credit Reporting Agencies	C-31
· State Driver's License or State ID Card	C-33
· Associations & Organizations	C-35
 D - SOCIAL SECURITY ADMINISTRATION (SSA)	
· Introduction	D-1
· Apply for Lump-Sum	D-3
· Apply for Surviving Spouse's Benefits	D-4
· Apply for Child's Benefits	D-5
· Apply (Request) to be Child's Payee	D-6
· Apply for SSN (Card)	D-7
· Claimant's Appointment of a Representative	D-8
· Enroll in Medicare Part B	D-9
· Advance Designation of a Representative Payee	D-11
· Social Security Appointment of a Representative Payee	D-12

E - OFFICE OF PERSONNEL MANAGEMENT (OPM)

- Introduction E-1
- Death Benefits (under FERS/CSRS) E-2
- Federal Employees' Group Life Insurance (FEGLI) E-4
- Federal Employees' Health Benefits (FEHB) Program E-5

F - THRIFT SAVINGS PLAN (TSP) F-1**G - NATIONAL PERSONNEL RECORDS CENTER (NPRC)**

- Military Personnel Records G-1
- NOK Consent to Release Information/Documents (Letter to NPRC) G-2

H - DEPARTMENT OF VETERANS AFFAIRS (VA)

- Introduction H-1
- Claimant's Representative + Authorization to Disclose Information H-3
- Intent to File a Claim H-4
- Accrued Benefits H-5
- Survivors Pension (SP) H-6
- Dependency & Indemnity Compensation (DIC) H-7
- Life Insurance H-8
- Burial Flag (US) H-9
- Burial Allowance H-10
- Burial Headstone, Marker, Medallion, Urn or Plaque H-11
- Presidential Memorial Certificate H-12
- Dependents' Educational Assistance (DEA) & School Attendance H-13
- CHAMPVA H-14
- Foreign Medical Program (FMP) H-15
- Apply to be a Fiduciary H-16

I - DEPARTMENT OF DEFENSE (DoD)

- Introduction I-1
- US Uniformed Services ID (USID) Card I-2
- Death Gratuity I-3
- Arrears of Pay (DFAS) I-5
- Survivor Benefit Plan (SBP) I-7
- TRICARE Unclaimed Medical Expenses I-9
- TRICARE Under Age 65 I-11
- TRICARE Age 65+ I-12
- Army Post Office (APO) I-14
- Appoint a Representative Payee I-15

J - US COAST GUARD (DEPARTMENT OF HOMELAND SECURITY)

- Unpaid Retired Pay J-1
- Survivor Annuities J-3
- US Uniformed Services ID (USID) Card J-5
- TRICARE Health Benefits J-6
- Appoint a Representative Payee J-7

K - DIRECT DEPOSIT / DIRECT EXPRESS® CARD / US TREASURY CHECKS

- Direct Deposit K-1
- Direct Express® Card K-3
- Return a US Treasury Check or Direct Express® Card K-5

L - INTERNAL REVENUE SERVICE (IRS)

· Individual Income Tax Return (Decedent)	L-1
· Survivor Benefits Taxation (General)	L-3
· Individual Taxpayer Identification Number (ITIN)	L-4
· Withholding Certificate	L-5
· Estimated Tax Payments	L-6

M - FINANCIAL CRIMES ENFORCEMENT NETWORK (FINCEN)

· Foreign Bank Account Reporting (FBAR)	M-1
---	-----

N - ADDITIONAL ACTIONS N-1**O - ADDRESSES** O-1**P - GLOSSARY OF ACRONYMS** P-1**ANNEX**

· “What My Family Should Know”	1
--------------------------------------	---

APPENDICES

· SSA-9 - Listing of Proofs (Discontinued/Still Useful)	1
· SSA-8 - Lump-Sum Death Payment (Example).....	2
· SSA-10 - Widow’s or Widower’s Insurance Benefits (Example).....	3
· SSA-11 - Request to be Selected as Payee (Example)	4
· SSA-21 - Supplement to Claim of Person Outside US (Example)	5
· SF-180 - Request Pertaining to Military Records (Example)	6
· VA 21P-534 EZ - DIC, SP and/or Accrued Benefits (Example)	7
· VA 27-2008 - United States Burial Flag (Example)	8
· VA 21P-530 EZ - Burial Benefits (Example)	9
· IRS W-7 - Individual Taxpayer Identification Number (Example)	10
· IRS W-8BEN - Foreign Status - US Tax Withholding (Example)	11
· DFAS CL 5840/26 - Affidavit Regarding Citizenship Status (Blank)	12

MEMORANDUMS

· Survivor Assistance (Bilingual)	1
· OPM Survivor Annuity (Bilingual)	2
· SSA Survivor (Bilingual)	3
· DoD Survivor Benefit Plan (Bilingual)	4
· USCG Survivor Annuity (Bilingual)	5
· VA Survivors Pension (Bilingual)	6
· VA Dependency & Indemnity Compensation (Bilingual)	7
· Veterans Service Organization (Bilingual)	8

*** Introduction ***

1. **To put it succinctly, only a benefits provider can determine a claimant's eligibility!**
2. **Important Reminder!** A Power of Attorney (POA) expires when the grantor expires.
3. **General.** I have prepared this guide for use and dissemination by fellow US Embassy and US Consulate General Citizen Liaison Volunteers (CLV) in Thailand. It's essential that CLVs share this free guide with fellow US citizens. **Knowledge is power and preparation is key!**
4. **Purpose.** The main purpose of this guide is to help a US citizen (USCIT) assemble and prepare needed information for their future survivors, followed by volunteers providing general survivor assistance and helping a survivor apply for potential survivor benefits.
5. **Ethics.** *"Doing what's right even when no one is looking"*. Ethics during survivor assistance is just as important as one's ethics in personal life. During survivor assistance you may encounter one or more so-called gray areas. Gray areas are ok and can typically be ethically resolved. Conversely, if you learn of an illegal act like attempting to file a fraudulent claim for benefits – but take no corrective action – it's an ethical deficit that can also be viewed as being complicit in the illegal act. And yes, ACS will tell you that I have no problem reporting planned, attempted or confirmed fraud.
6. **Fraud Prevention.** Permanent laws 18 United States Code (USC) 287 and 1001 provide for criminal penalties for knowingly submitting or making any false, fictitious or fraudulent statement or claim in any matter within the jurisdiction of any department or agency of the United States. Therefore, if it appears that a survivor or other individual assisting the survivor may be attempting claim fraud (or other type of fraud against the US government), report it to ACS ([7 FAM 518 - Preventing Fraud](#)) and strongly consider ending your assistance to that survivor.
7. **Privacy Protection is a Must!** Do not discuss a survivor's case with their family members, friends, etc., without the survivor's express written [authorization](#). Reference: [Privacy Act of 1974](#) (amended) and the [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#).
8. **Getting Started.** Being that this guide isn't intended or structured to duplicate all related information available online, when you visit a website also visit that website's embedded weblinks. Again, this guide is only to help you get started.
9. **Basics.** This guide covers common topics and action items (it's impossible to cover all potential situations). It's also comprehensive enough to facilitate survivor preparation and to help someone provide general survivor assistance. Naturally, you'll find that most survivors are Thai nationals.
10. **Online Resources.** I've included links to online sources for efficiency and accuracy as there are too many dynamic details to include in this guide. Due to the comprehensive inclusion of those links, this guide is best utilized in its electronic format so that all links can be used to their full advantage.
11. **Official Information.** Online search services are excellent tools for researching **official** survivor benefits information (online forums in Thailand often contain false info). Personal communication with fellow CLVs, peers, friends, etc., is also often advantageous. CLVs each have pieces of the puzzle and can be superb information resources. The same with fellow USCITs. Avail yourself!

12. **Current Information.** Information and weblinks contained in this guide are subject to change due to changes in Public Law, Policy, Procedure, etc. While most updates are tied to fiscal year changes in public law, calendar year and other updates throughout the year also occur. This guide is current on the date of its release. Always stick with up-to-date **official** information!

13. **Information Updates.** As public law changes, when benefits eligibility criteria are revised or new benefits are added, when newer versions of forms are published or a form is sunsetted, and when online sources and contact info changes, I ask the sharp-eyed finder to update the team. Thank you!

14. **Entitlement vs. Eligibility.** *Entitlements* are established by public law. However, an *entitlement* does not automatically guarantee benefit “eligibility”. All requisite eligibility criteria must first be met before benefit payments or access can begin (particularly Social Security benefits).

15. **Survivor Benefits Eligibility.** Each benefit (federal, state, local, DoD, private employer) has its own eligibility and supporting documentation criteria, and eligibility can only be determined (case-by-case) by the benefits provider after a properly completed claim is submitted. For example, a nonresident alien widow may be *entitled* to Social Security survivor benefits based on her deceased husband’s earnings record – if he has the required number of [Social Security Credits](#). However, she may be *ineligible* to be paid due to an [Alien Nonpayment Provision](#).

16. **Survivor Benefits Terminology.** One simple way to avoid potential claim processing delays is to understand and properly use the same terminology a specific survivor benefits provider uses.

17. **Claim Effective Date.** Depending on the benefits provider, it may be advisable to submit an application for benefits before all required supporting documentation is available. Doing so will potentially establish an earlier claim effective date. The benefits provider will acknowledge claim receipt and advise the claimant which evidence is still needed to support their claim. No matter what, adhere to the deadline set by the benefits provider in order to avoid loss of monetary benefits.

18. **Date Format.** The date fields used in this guide are formatted as: mm/dd/yyyy.

19. **Writing Style.** To save space, when I state *survivor*, for example, I acknowledge there may be multiple survivors (next-of-kin) with a surviving spouse typically being the primary survivor. The same applies to *claim*, *account*, *policy*, *location*, *marriage*, *divorce*, etc. Presume the element being discussed may be ‘plural’ based on specific survivor assistance cases.

20. **Wisdom.** What is wisdom? Wisdom is knowledge plus experience. Once you help a number of survivors, you’ll quickly learn that survivors and their personalities run the full spectrum of honest and dishonest, helpful and unhelpful. You’ll quickly learn to identify whether or not a survivor is being forthcoming or truthful. As well, a client that feels a deeply-rooted cultural urge to “save face” can often hinder assistance. When that occurs, you have to find a way to mitigate it. If nothing else, explain to them that you are unable to further help them until they provide the needed information.

21. **Accuracy.** Once again, information in this guide is accurate at the time of publishing.

22. **This Publication is Unofficial and for Guidance Only.** Do not use it to authorize any action while providing survivor assistance. Also remember that it can only provide information without all of the fine print that is in any act of the US Congress. **Good Luck!**

Integrity First!

*** Survivor Preparation - Basics ***

1. **Historical.** Over the years that I've been a volunteer in Thailand, one question that continues to be asked is, "*Who is going to help my family when I pass away?*" The short answer is **YOU!** By that I mean survivor assistance begins with thorough survivor **preparation** while **YOU** are still alive.

2. **General.** This is general information to get you thinking and to help you get started. A wide range of no-cost Survivor Preparation and Estate Planning information and advice from multiple sources is also available online, as well as paid professional assistance. The "*What My Family Should Know*" worksheet is included in this guide at annex [1](#). Also visit: [National Institute on Aging](#).

3. **Survivor Preparation Worksheet and/or Cover Letter.** No detail is too small! Marriage and Divorce (dates/locations/SSNs); Child Birth/Adoption; Naturalization; Green Card; Insurance and Financial details; Emergency Contact (and who not to contact), etc. **Location of documents?**

4. **Important Documents & Information.** See page [A-5](#) for a bilingual list of typical records, documents and information (not all inclusive). Adjust as needed based on your personal situation.

· Note: If a survivor needs to prove having resided five years in the US (family relationship), cancelled passports are the best and easiest source of evidence so be sure to keep expired passports.

5. **Last Will & Testament.** Individual Thai and US Wills, if assets in both countries. Plan on the Will having to go through court probate after death. A Will is highly recommended if you have minor children. For instance, if you and your spouse both expire in a traffic accident, who do you wish to raise your minor children? As well, don't assume your next-of-kin (NOK) will be able to access your Thai bank account even when you specify Bank Name, Branch Name/Number, Account # and Beneficiary. For example: If you were receiving direct deposit via US ACH to a Bangkok Bank *special savings account*, your NOK will normally be unable to access the account.

· Do you have a Last Will & Testament? Does your executor(trix) and heir(s) know where it is? Typically used for asset disposition; specific instructions as to guardianship for your minor children if both parents pass away (or become incapacitated) within the same time period; to specify disposition of your remains – Burial, and desired location of burial; Cremation, and disposition of cremains; etc. Note: If you create a single Will that jointly covers assets and wishes in both the US and Thailand, individual US states might not legally recognize a Will notarized by Thai notary seal/stamp. Contact your asset-associated state to learn their legal requirements.

6. **Letter of Instruction (LOI) (aka Letter of Intent).** A signed LOI may be in addition to a Will, or exist as a standalone document (standalone not recommended). The contents of an LOI can be whatever the author wishes to include. But if an LOI conflicts with the wishes and instructions in a Will, a Will takes legal precedence. One of the most helpful and very prudent items to be placed in a Will or LOI is disposition of your remains (medical research, cremation, burial, repatriation, etc.).

· Do you have a Letter of Instruction? Does your executor(trix) and heir(s) know where it is? Your end-of-life desires may cover anything, especially burial or cremation if your Will is inaccessible – just know that it is not legally binding. Again, the LOI should supplement the Will, it should never contradict it – if it does, the Will takes precedence.

· Does your Last Will & Testament or Letter of Instruction specify a family member or friend that is going to repatriate your remains, if repatriation is your wish? Funding source?

7. **Beneficiary Designations - Update Now!** (Note: Beneficiary Designations override a Will.)

8. **Life Insurance.** Do you have an up-to-date life insurance policy? Is your spouse the current designated beneficiary? Does your beneficiary have access to your life insurance policy or otherwise know the policy number? If you become physically or mentally incapacitated, does your beneficiary know how to pay the policy premiums so as to keep the policy active?

9. **Vital Records.** Did you know there are over 3,100 counties (and equivalents) in the US? Do you have these records in your possession: Current Marriage; Divorce (husband and wife, each instance); Birth Certificate (spouse, minor children); Child Adoption, etc. [CDC](#) | [Vital Records](#) | [Thai Amphoes](#).

· If a previous marriage, what is the Name, Date of Birth, and SSN of your former spouse? Date and location of said marriage? Date and location of divorce (or death)? Asking your survivor to search all 3,100+ record custodian sites for your marital records is an unreasonable and unfeasible expectation. If you don't already have the original or certified records in your possession, please help your NOK (and their helper), and **get those records now!** Thank you.

· If you're married and your spouse is Thai but they don't already have an original or certified Birth Certificate issued by the [Amphoe](#) where they were born, or a Proof of Birth document from 'Census Registration' (Bangkok; Tel: 02-281-5000) showing date of birth, **get it now!**

10. **Biological Children.** Are you a genetic parent listed on the birth certificate of a child(ren) under age 18? If not, have you had a test confirming paternity? (Relates to eligibility for certain benefits.)

11. **One Year of Living & Medical Expenses Saved.** Minimum \$1 million recommended.

12. **How to Claim Benefits? Self-educate;** don't assume! What survivor benefits (monetary, health, life insurance, etc.) are your survivors potentially eligible for? How do they claim those benefits? What Vital Records and other supporting documentation does a specific claim require?

· Does your survivor benefits provider require Thai documentation to be [legalized](#) by the Royal Thai Ministry of Foreign Affairs? What documentation will require certification by the US Embassy (or Consulate)? How long, on average, will it take to receive survivor benefits once a correctly completed claim is filed? Is \$1 million a sufficient reserve for one-year living and medical expenses?

13. **English Language.** Is your spouse able to speak sufficient English to help herself/himself?

14. **Financial Matters.** Who is going to assist your NOK? Examples: Do you have a joint account? Does your account have a *Payable/Transfer on Death* (POD/TOD) option? Who is the designee? If no POD/TOD option, who is the designated beneficiary? If needed for legal purposes, does your NOK know the account number/login/password/PIN, and PIN for ATM/debit/credit card? Is "Two-Factor Authentication" required for account access? If yes, does your NOK know how?

· **'Signature Guarantee'.** Also known as a 'Medallion Signature'. Medallion signature guarantees are often required by US banks or mutual fund companies. A *medallion signature guarantee* must be completed in person because it confirms your identity, signature and legal authority to transfer securities. Unfortunately, [ACS cannot legally perform a signature guarantee](#).

· **Outstanding Debt.** Do you have a property mortgage, home equity loan, vehicle loan, personal loan, credit card debt, life insurance policy payments, etc.? If so, does your NOK know the type, source, payment type and schedule, and balance due?

15. **Electronic Funds Transfer (EFT) Service.** Do you use an international EFT service such as Wise, DeeMoney, Western Union, etc.? If needed for legal purposes, does your NOK know the account number/login/password/PIN? Is “Two-Factor Authentication” required for account access?
16. **Digital Assets.** Where are your digital assets stored? On an exchange? Hardware wallet? Cold wallet? Staked? Does your NOK have your login, password, PIN, seed phrase, etc.? If you have a hardware wallet, have you provided clear and detailed instructions on how to access and use it?
17. **Property Deeds and Vehicle Titles.** Location of each (as applicable)? Does your NOK know the location(s) and how to access it/them? Have you given them a photocopy?
18. **Health Care Matters.** Does your NOK know the name of your health benefits/insurance provider? How is your NOK going to **legally** pay your final medical expenses? It’s common for health benefits/insurance providers to ask to prove source of payment funds and will deny a claim when a decedent’s bank account (non-joint or non-signature) was accessed after death. Presuming you have health benefits/insurance coverage, who is going to assist your NOK with filing a health insurance claim for your unclaimed medical expenses?
19. **Medical Treatment Records.** Do you have medical treatment records at more than one health care provider? Should you pass away unexpectedly, does your NOK know where to find your treatment records including invoices and payment receipts? Your NOK will need that documentation to file a claim for any unclaimed/unreimbursed medical expenses.
20. **Medical Treatment Records - US Military Veterans.** Do you have in your possession your service and private treatment records? Your medical treatment history may presently make up to a \$687.58/month (basic rate) higher difference between a **legal** surviving spouse being awarded VA Survivors Pension (page [H-6](#)) or VA Dependency and Indemnity Compensation (DIC) (page [H-7](#)).
21. **Legal Matters.** Who is going to assist your NOK with potential legal matters such as probating a Will in Thailand and/or the US? Selling or transferring ownership of a condominium (or other property) or motor vehicle in Thailand and/or the US? Accessing a bank or other financial account in Thailand and/or the US? Accessing a digital asset account? Etc.
22. **Taxes.** Who is going to prepare your taxes for year of death and any prior tax years? Who is going to help your NOK prepare a tax return if their particular situation requires it?
23. **Safe Deposit Box.** Does your NOK know its location and how to access it (procedurally and physically)? Better yet, have you added them as a “co-renter”? Have you informed them of the location of your key and the box contents? Have you given them a copy of the lease agreement?
24. **Combination Safe or Lock Box.** Does your NOK know the respective safe/lock box location? Do they know the combination and/or key location? (The same for desk and filing cabinet keys.)
25. **Two-Factor Authentication (2FA).** (aka “Multi-factor”.) Does your NOK know your 2FA for each service that requires it? Examples: App, PIN, SMS, email, fingerprint, facial recognition, etc.
26. **Smart Devices.** Does your NOK know how to unlock your computer, cellphone, tablet or other device? If using a 2FA app on your smart device, does your NOK know how to access and use it?
27. **Cellphone/Mobile Service.** Do you have a US, Thai (or other country) cellphone service account? Does your NOK have this information and do they know the cellphone number?

28. **VoIP Service.** Do you have a US, Thai (or other country) VoIP service account (Skype, WhatsApp, etc.)? Does your NOK have this information? Do they know the phone/account number? Do they know what device you use the service on?
29. **Messaging & Video Chat Services.** Do you use *Line* and/or a similar app? What device is the app installed on and does your NOK know how to access it (login/password/etc.)?
30. **Email Accounts.** What are your email addresses? Does your NOK know how to access them (login/password/etc.)? Do they know the alternate email recovery account? Do they know the security question and answer for password or account recovery? Is SMS used for account recovery?
31. **Social Media.** What are your social media accounts? What device are the apps installed on and does your NOK know how to access the device and app (login/password/etc.)? Are you selling your photos online via one or more social media apps? Do you have an online video channel or blog?
32. **eCommerce Accounts.** Amazon, eBay, Lazada, Shopee, etc. Does your NOK know how to access them (login/password/etc.)? Are you a *Buyer*, *Seller* or both?
33. **Online Streaming Service.** Do you subscribe to one or more online streaming services? Have you given your NOK a list of those services along with instructions how to contact them to report your death? Does your NOK know how to access the accounts (login/password/etc.)?
34. **Association & Organizational Memberships.** There exists a vast number of associations and organizations that offer a free or paid membership. Have you given your NOK a list of those entities along with instructions how to contact them to report your death? Does your NOK know how to access the membership accounts (login/password/etc.)?
35. **Subscriptions.** Periodicals, Blogs, Newsletters, Etc. Printed and digital, paid and free. Have you given your NOK a list of those subscriptions along with instructions how to report your death to them? Does your NOK know how to access the subscription accounts (login/password/etc.)?
36. **Additional Action Items.** Do you have other potential action items not previously mentioned? If so, what are they and have you given your NOK all related information that's needed to take action?
37. **US Social Security Number (SSN).** Has your spouse committed to memory your SSN? If not, does she/he have access to your SSN card or other documentation containing your SSN?
38. **US Passport.** Does your NOK know the location of your US passport? Do they know how to contact US Citizen Services (ACS), Bangkok [1] or Chiang Mai [2] (as applicable)?
39. **Identify a Trusted Helper.** Only limited assistance is available to survivors in Thailand. The cold hard truth is that unless a US citizen identifies a *Trusted Helper* before the inevitable, there exists a high probability that potential survivor benefits will go unclaimed. Don't let that happen! As well, as past events have proven, a trusted helper can also potentially help prevent the loss of monetary benefits resulting from predatory and substandard third-party assistance.
40. **Smart Traveler Enrollment Program (STEP).** Are you enrolled in [STEP](#)?
41. **Wrap-Up.** There is no one-size-fits-all process for Survivor Preparation. Again, a detailed Survivor Preparation worksheet is provided at annex [1](#). As well, numerous additional types of worksheets and information handouts are available online. **Prepare now!**

*** Records / Documents / Information List ***
(Safeguard / Not All Inclusive)

- | | |
|--|---|
| <input type="checkbox"/> DD-214s - US Military Discharge
DD-214s เอกสารทหารปลดประจำการ | <input type="checkbox"/> Department of Defense (DoD) Documents
เอกสารกระทรวงกลาโหม |
| <input type="checkbox"/> US Military ID Card
บัตรประจำตัวข้าราชการทหารอเมริกัน | <input type="checkbox"/> Civil Service (OPM) &/or Pension Documents
เอกสารข้าราชการและ/หรือบำเหน็จบำนาญ |
| <input type="checkbox"/> US Naturalization Certificate
ใบรับรองสัญชาติอเมริกัน | <input type="checkbox"/> Social Security (SSA) Documents
เอกสารประกันสังคม |
| <input type="checkbox"/> US Green Card
เอกสารอนุญาตให้อาศัยในสหรัฐอเมริกา | <input type="checkbox"/> Veterans Affairs (VA) Documents
เอกสารทหารผ่านศึก |
| <input type="checkbox"/> US Social Security Card
บัตรประกันสังคมอเมริกัน | <input type="checkbox"/> Bank Statements / Documents
ใบแจ้งยอดบัญชีธนาคาร |
| <input type="checkbox"/> Thai ID Card
บัตรประจำตัวประชาชน | <input type="checkbox"/> Stocks / Bonds / Other Statements
ใบหุ้นหุ้น พันธบัตร หรือการลงทุนอื่นๆ |
| <input type="checkbox"/> Thai Passport (+ US Passport)
หนังสือเดินทางของประเทศไทยและสหรัฐอเมริกา | <input type="checkbox"/> Retirement Account Statements / Documents
งบบัญชีเกษียณอายุ |
| <input type="checkbox"/> Marriage Certificate (with English)
ทะเบียนสมรสพร้อมคำแปลภาษาอังกฤษ | <input type="checkbox"/> Cryptocurrency Account & Wallet
บัญชี Cryptocurrency และกระเป๋าตังค์ |
| <input type="checkbox"/> Divorce Certificate (with English) (for Both)
ทะเบียนหย่า ของสามีภรรยา (ถ้ามี) พร้อมคำแปลเป็นภาษาอังกฤษ | <input type="checkbox"/> Credit Cards & Outstanding Debts
บัตรเครดิตและหนี้ค้างที่ยังต้องชำระ |
| <input type="checkbox"/> Birth Certificate - Spouse (with English)
สูติบัตรของคู่สมรสพร้อมคำแปลภาษาอังกฤษ | <input type="checkbox"/> Insurance Documents (Life/Accident/Health)
เอกสารประกันภัย (ชีวิต/อุบัติเหตุ/สุขภาพ) |
| <input type="checkbox"/> Birth Certificate - Children (with English)
สูติบัตรของบุตรพร้อมคำแปลภาษาอังกฤษ | <input type="checkbox"/> Income Tax Records
เอกสารบันทึกการเสียภาษีเงินได้ |
| <input type="checkbox"/> Adoption Papers
เอกสารการรับเลี้ยงบุตรบุญธรรม | <input type="checkbox"/> Copies of Property Deeds / Mortgages
เอกสารโฉนดหรือเอกสารจำนองอสังหาริมทรัพย์ |
| <input type="checkbox"/> US Driver's License
ใบอนุญาตขับขี่สหรัฐอเมริกา | <input type="checkbox"/> House Registration Book
สมุดทะเบียนบ้าน |
| <input type="checkbox"/> Will / LOI / Power of Attorney (still alive)
พินัยกรรมและจดหมายแนะนำการดำเนินการ / หนังสือมอบอำนาจ (กรณียังมีชีวิต) | <input type="checkbox"/> Vehicle Title(s)
เอกสารเจ้าของรถ |
| <input type="checkbox"/> Login Names/Passwords + Social + Email
พินัยกรรมและจดหมายแนะนำการดำเนินการ / หนังสือมอบอำนาจ (กรณียังมีชีวิต) | <input type="checkbox"/> Safe Deposit Box / Safe Combination
กล่องนิรภัยส่วนบุคคลที่ธนาคาร / รหัสผ่านของตู้นิรภัย |
| <input type="checkbox"/> Medical Treatment Records
เวชระเบียน | <input type="checkbox"/> Association & Organization Membership(s)
เป็นสมาชิกของสมาคม |
| <input type="checkbox"/> Military Retiree Account Statement (RAS)
งบบำนาญทหารเกษียณ | <input type="checkbox"/> Magazines & Newspapers
สมัครสมาชิกนิตยสารและหนังสือพิมพ์ |
| | <input type="checkbox"/> Business Records (if a Business Owner)
บันทึกทางธุรกิจ (กรณีเป็นเจ้าของกิจการ) |

*** Survivor Assistance - Basics ***

- 1. Survivor Assistance begins while an individual is still alive. Thorough preparation is key!**
- 2. Report Death ASAP.** By reporting the decedent's death, you are notifying the decedent's respective benefits provider to stop pay. It's important to do this immediately, otherwise the benefits provider will typically recoup the payments later. Recoupment can often be avoided; however, Social Security (for example) cannot pay benefits for the month of death. That means if the person died in July, the payment received in August (which is payment for July) must be returned.
- 3. Thai Social Custom.** A Thai widow(er) by social custom is unavailable for survivor assistance at least five days following the death of their spouse – his/her cremation ceremony is the first priority. Survivor assistance begins with most widow(er)s anxious and fatigued, and unsure of future income.
- 4. Be Compassionate.** Remember, a survivor is grieving the death of their loved one. Is grief counseling available in their area? Grief has no expiration date. A survivor is under a great amount of emotional, mental and physiological stress. A survivor needs time to cope, rebuild their life and find a new normal. The time it takes for the pain to lessen is different for everyone. Try to help place them at ease. Be calm, listen patiently and remain flexible. Do what works best to assist them!
- 5. Cultural and Linguistic Challenges.** A surviving Thai family member may not sufficiently speak English to fully comprehend what you are telling or requesting from them. Encourage surviving family members to use/bring an English-speaking helper to help explain during survivor assistance. Encourage the survivor to not be afraid to speak up if they don't comprehend what you're saying or the action required. Placing a survivor at ease greatly helps to speed up assistance and typically avoids a potential loss of benefits due to claim delays induced by a claimant.
- 6. Trust is Key!** Survivor assistance requires a survivor's full participation and cooperation. Survivor assistance is a positive experience for survivor and helper only when a survivor feels they can fully trust their helper. Quite often, patience is the one skill you'll need the most. Once a survivor trusts you, you'll quickly notice an increased level of cooperation and assistance effectiveness.
- 7. Privacy Protection. NEVER** discuss a survivor's case with their family members, friends, etc., without the survivor's written [authorization](#). Obeying this practice will help protect a survivor from being scammed. For example, life insurance proceeds are a popular target for quick dissipation.
- 8. Integrity First. NEVER** solicit any type of compensation, monetary or otherwise, EVER! Survivors will sometimes give you snacks (fruit, cookies, cake, etc.) as a form of cultural merit making. During the Christmas and New Year's holiday period some survivors will gift liquid refreshment, holiday food or a small Thai souvenir. Take it home, share it or donate it, but, **NEVER-EVER** accept cash, jewelry, or any other type of questionable compensation!
- 9. No-Fee Assistance.** Assistance must be free. That said, if you paid out-of-pocket for expenses like postal mail, facsimile, photocopying, etc., requesting repayment from the survivor is up to you.
- 10. Reaching Out.** You're not alone when providing assistance. If you're unsure of how to manage a known action item (such as applying for VA survivor benefits) or are unsure of "What comes next?", ask. Yes, there are occasional curveballs, but most survivor assistance is easily manageable.

11. **Survivor Assistance is an Art.** There are many variables (known and unknown) and nuances, all case-specific. Generally, the first few interactions with a survivor will take longer depending on a survivor's emotional state, their level of trust and you as the helper trying to ascertain case specifics.

12. **Assistance Excellence.** The assistance given must be error-free! Be forward looking and proactive, and don't try to "wing it" if you don't know the answer! "Winging it" will most certainly lead to assistance failure. Quality assistance is also a two-way street. Survivors seeking assistance have a shared personal responsibility to be truthful and cooperative. Both parties must be proactive and work together in order to prevent a benefits delivery delay – or worse – claim denial.

13. **Be Flexible and Adaptable.** Survivor assistance is often very fluid, and so, it's impossible to hold all the answers. Some cases require detective skills and perseverance to resolve. Multi-task and anticipate the next action items. Provide correct benefits information and assistance – no shortcuts! Promptly and accurately respond to a survivor's questions. Correctly help survivors to complete benefits applications, and submit in a timely manner and **on-time**. Stay on top of the details!

14. **Survivor's Personal Responsibility.** Survivors vary in being truthful, cooperative, responsive, proactive, untruthful, uncooperative, nonresponsive, etc., and sometimes even try to take a superior attitude such as "*You do for me*". These human traits each come with the job so-to-speak. A helper can only advise and assist a survivor based on the information and documentation the survivor provides. If a survivor is doing their best to help themselves, meet them half-way and try to help them obtain needed records/evidence – within reason! For example, is it reasonable to search over 3,100 counties and county equivalents in the US for a divorce document that may or may not exist?

15. **Review Decedent's Records.** A widow(er) seldom knows about personal important details, estate assets and benefits due them. The initial meeting may likely take several hours. Sorting through a large stack of documents should be done slowly in order to not miss something vital. Lingual and cultural barriers also add a dimension of "slowness" to the effort.

16. **Benefits.** In Thailand, the three federal survivor benefits most asked about are provided by the Social Security Administration (SSA), Department of Veterans Affairs (VA) and Office of Personnel Management (OPM). Department of Defense (DoD) survivor benefits are also potentially available if the decedent was a US military retiree (under current public law, DoD benefits are not classified as federal benefits). Other survivor benefits may be available from a US state or local agency, or a private employer. It's possible a survivor may also be eligible for benefits from a non-US provider.

17. **Benefits Eligibility.** Widow(er)s need to be told that only a benefits provider decides eligibility, and **if eligible**, that their annuities typically terminate only upon their death or remarriage (depending on age). They must also be told to prepare for a delay to the start of benefits (2-12+ months depending on the benefit), hence, having proper financial reserves is a must! Checking their documents **ASAP** is critical. With that being said, even when eligibility doubt exists (such as whether or not a marriage is valid), help the survivor file a claim for benefits and have the provider decide.

18. **Valid Marriage.** Normally, **a survivor's marriage to the sponsor must be deemed "valid"**. Thai law does not recognize these marriages: Common law or 'de facto', or Buddhist.

19. **Managing Expectations.** Don't comment either way on a survivor's **potential** eligibility for survivor benefits. Remember, only a benefits provider can determine eligibility. Nonetheless, a claimant must be informed and be prepared for a potentially unfavorable claim decision, and that a subsequent appeal may too be unfavorable. Even though a claimant may not like an official answer they've been given, the United States is a nation of laws, and only elected officials can change them.

20. **Multitasking.** Depending on the survivor assistance action, reporting a death and applying for a benefit (or accomplishing another task) can be completed in a single action. Therefore, a separate report of death isn't always needed. Nevertheless, Section [C](#) of this guide provides example letters and emails (as applicable) to separately report a death.

21. **Record Keeping.** In addition to using the checklist on page [B-14](#) (or your own method), record each assistance action chronologically in a log. Log visits, Line App messages, emails, phone calls, correspondence in/out, grapevine info, *Due Outs*, etc. Safeguard all paper and electronic records.

22. **Initial Survivor Assistance.** Is only the beginning! For benefits claims and other assistance, it's recommended you establish suspense dates (deadlines), and if there's no return correspondence in a reasonable amount of time, send one or more follow-up letters, faxes or emails, make phone calls, etc. Presume the letter/information and/or benefits application never reached the addressee, or correspondence was misplaced. Depending upon the benefit being claimed, it would not be unusual to need several follow-ups, or to wait over several months for a reply.

23. **Sign Name in English Cursive.** Signing in English cursive is a must! "Printed" or "X" signatures (or thumbprints) must be **witnessed** by a signed statement – normally requires two witnesses. Failure to witness a printed signature results in the application being returned for **signature**. If possible, *make* the survivor sign in cursive at least one time – they will literally "copy" their signature slowly and deliberately once they have "their" signature to refer to.

24. **Document Legalization.** Legalization is the process by which a document is authenticated for international use. Depending on the benefits provider, a claimant may be required to have one or more supporting documents [legalized](#) (for a fee) by the Royal Thai Ministry of Foreign Affairs (MFA). This is one reason why survivor preparation is important. When legalization is required, failure to legalize a required document will incur a decision delay on a claim for survivor benefits. (Note: Do not arrive with only the English translation – MFA must see the original document. Also, the English translation of the document must be in **black & white**. Lastly, MFA may correct the translation provided if it finds errors.)

25. **Document Certification.** US Citizen Services (ACS) (Bangkok and Chiang Mai) provides a *Certification* service free of charge for required documents submitted with applications for US federal benefits (all Thai language documents first require certified English translation). **Important:** ACS will not certify a copy of a document if its authenticity is in doubt. (Note: The free document *certifications* are not to be confused with fee-based embossed seal 'Notarizations'.) For certified true copies of documents for use with Social Security applications, FBU Manila, click [here](#).

26. **During Survivor Assistance.** As survivor assistance progresses, encourage survivors to use the Line app, email, phone, SMS, mail or fax services when feasible to avoid unnecessary travel time and expense. For instance, why travel hours just to request a document review?

27. **Thai Death Certificate.** Obtain a minimum of eight copies – more if circumstances require it. Also, obtaining "Certified True" English translation from a service provider in your area is a recommended good practice in the event an institution will not accept a [Consular Report of Death of a US Citizen Abroad \(CRDA\)](#) as standalone proof of death. Compare the certified English translation to the Thai death certificate and then compare both to the CRDA to ensure precise accuracy. A minor discrepancy will not negatively impact most benefits claims but it may adversely impact a survivor's benefits claim for VA Dependency and Indemnity Compensation (DIC). ACS issues an electronic CRDA that can be downloaded/printed as many times as needed. Moreover, if an entity will not accept an electronic CRDA, upon request, ACS will issue a paper CRDA with embossed/raised seal.

28. **Monetary Benefits Offset.** Just be aware that monetary survivor benefits from one source may offset survivor benefits from another. For example, Social Security surviving spouse benefits are reduced if the spouse is receiving a pension based on her/his own federal, state or local government work not covered by Social Security. Another example is Social Security surviving spouse benefits *gross amount* offsetting [VA Survivors Pension](#) dollar-for-dollar (visit page [H-6](#) to learn more).

29. **Direct Deposit Details with Claim.** Presuming a survivor is eligible to be paid monthly US benefits, encourage her/him to sign up ASAP for Direct Deposit and submit the direct deposit sign up form with the claim (or hand write the direct deposit details directly on the claim form). Direct Deposit is the safest, most convenient and reliable method of receiving monetary benefits. The payment is electronically transmitted to the designated bank account and the beneficiary has immediate access to their funds by the payment date. There are no delays, and no missing or stolen checks (that routinely take many months to reissue and receive). See Section [K](#) for more information.

30. **Postal Mail Delivery.** Depending on where one resides in Thailand, regular postal mail delivery service is either highly reliable or it's a spectacular failure. Survivors that reside in areas with less than fully reliable mail delivery service should open a P.O. box at their local post office and use that P.O. box address on their benefits claim. There have been far too many assistance cases over the years where failure to respond to a request for information from a benefits provider resulted in claim denial or pay suspension (which can take a long time to resolve).

31. **Claim Status.** Don't be surprised if an application for a survivor benefit from a federal, state, local, Department of Defense or private employer is delayed by requests for additional information, or even denied. 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 is unjustified. Benefits providers have appeal processes for claimants to use.

32. **Once Benefits Payments Begin.** Ensure the benefits provider has the beneficiary's current mailing address, and as stated earlier, ensure the beneficiary's mail delivery service is reliable. Pay suspension typically is due to a beneficiary not returning (or not returning on-time) an eligibility form/report/questionnaire/certificate requested by a benefits provider (names differ by provider). Moreover, survivors of US military retirees that are receiving DoD's Survivor Benefit Plan (SBP) also need to keep their Uniformed Services ID (USID) card updated, else pay suspension may result. (See next page for additional information for survivors of US military Veterans.)

33. **Change of Address.** Don't risk pay suspension! If a beneficiary changes their mailing address notify their benefits provider, direct deposit bank and all other applicable institutions ASAP! Also, if at all possible, it's best to not change a mailing address while a claim is still being processed. Doing so is a recipe for claim delay or denial if a claimant fails to respond to a request for information.

34. **Bilingual Handouts.** The bilingual memos (memos [1-8](#)) are tailored to specific situations. For example, memorandum 1 explains survivor assistance basics. The remainder are self-explanatory.

35. **Summary.** Neither ACS nor volunteer helpers decide claims for benefits or grant access to privileges. A helper advises, facilitates and makes referrals as needed to proper agencies, offices or organizations. At day's end, the assistance provided to a survivor is only as accurate as the information provided by them. Always respect and safeguard a survivor's privacy, and do not discuss their case with a third party unless the survivor explicitly authorizes you to do so. **Good Luck!**

*** Survivor Assistance - US Military Veterans ***

1. **Number of US Military Veterans in Thailand.** Although the Department of Veterans Affairs (VA) is unable to estimate the number of Veterans (retired & non-retired) residing outside of the US, the number in Thailand can be reasonably estimated at 5,000 (Veterans comprise 5.4% of current US population). This estimate includes 500 US military retirees (Source: Department of Defense (DoD) retired pay records). A US military retiree is a Veteran that has been retired by DoD for longevity or has been medically-retired. Note: *DAVPRM* and *DAVTMP* ID card Veterans are not retired.

2. **Local Assistance for Veteran's Families.** Survivors of any Veteran category may contact American Legion [Post TH01](#) (Ubon Ratchathani) or [Post TH02](#) (Pattaya), or the Veterans of Foreign Wars of the United States (VFW) ([District 5 \(Pacific\)](#)) for assistance (membership not required). Survivors of US military retirees (longevity or medical) may contact the [JUSMAGTHAI Retiree Activities Office \(RAO\)](#) (Bangkok) for assistance. Some spouses are generally well prepared while others say, "*Him tell me nothing*" (really?). Then there are widow(er)s who are totally unaware of this assistance and lose out on eligibility to survivor benefits by not meeting application deadlines or responding to information request deadlines from a benefits provider. (Disclaimer: The author makes no assertion as to the quality of third-party Veteran-related survivor assistance provided.)

3. **US Military Discharge Document(s).** The essential document is the decedent's DD-214 (Armed Forces of the US Report of Transfer or Discharge) (or equivalent). Many Veterans will have been issued more than one (the last one will show final discharge status). VA and the Social Security Administration (SSA) require this document to be certified. Certified copies may be obtained from the [National Archives](#). Once you have a certified copy (or have the original), US Citizen Services (ACS) (Bangkok or Chiang Mai) can also certify additional copies (but they must see a certified copy or the original before certifying additional copies). A VA-accredited service officer can also certify copies of DD-214s – you may ask the local American Legion or VFW if they currently provide this service. Important: If DD-214 authenticity is in doubt, requests for copy certification will be denied.

· If the decedent doesn't have a complete set of **certified** documents that cover all of their military service (to include service treatment records), [request](#) records online, or mail or fax an [SF-180 - Request Pertaining to Military Records](#) **immediately** (see [NPRC Backlog and Response Times](#)). If something else is needed in addition to the DD-214s state the information and documents requested (e.g., "proof of Vietnam Service on the ground"), and the purpose for the request. Often, a cover letter defining 'urgency' will fast-track the request. If mailing, be sure to note the correct address to send the request (see SF-180, page 3).

4. **Report Death to DEERS.** If the decedent is a Veteran (or surviving family member of a Veteran), report their death to the JUSMAGTHAI Defense Enrollment Eligibility Reporting System (DEERS) office. Email: jusmagthai@state.gov | Tel: 02-287-1036 Ext. 180 (not voicemail capable).

5. **DoD Uniformed Services ID (USID) Cards.** US Military retirees are issued USID cards (aka military ID card). However, **most** US military Veterans residing in Thailand are **not** retired from the US military, and therefore – with certain notable exceptions – are ineligible to be issued a USID card. That being said, a Veteran and their surviving family member **may** have been issued a USID card. When you report the death to JUSMAGTHAI DEERS, request USID card disposition instructions from them. Normally, a USID card is surrendered to JUSMAGTHAI DEERS when reporting the card-holder's death. Before surrendering a recovered USID card to DEERS, ask the [JUSMAGTHAI RAO](#) if they wish to copy it before the card is surrendered or deviated.

· Lastly, if a still-living surviving family member currently holds a valid USID card (or their card is expired), when the Veteran (sponsor) passes away, the card-holding survivor will need to visit JUSMAGTHAI DEERS to be issued an updated USID card – to make an appointment, visit: <https://idco.dmdc.osd.mil/idco/locator> (input location: Bangkok, Thailand). Please also note that sometimes a surviving spouse that is eligible to be issued a USID card may not have ever been issued one – for whatever reason the Veteran (as the sponsor) never acted to do so. As well, if a Veteran holds a USID card but his/her spouse wasn't also issued one, it's a huge red flag for potential bigamy – the Veteran's DEERS record will show if there's a different spouse on record. JUSMAGTHAI DEERS staff will review the Veteran's DEERS record and advise the surviving spouse accordingly.

6. **Academic Enrollment.** If the Veteran was using his/her GI Bill benefits in Thailand – in addition to reporting the Veteran's death to VA – also give a **courtesy** notification to the affected school and advise them to contact VA if they have further questions. (VA will in due course notify the school.)

7. **VA Foreign Medical Program (FMP).** It's possible that a deceased Veteran is eligible for FMP. Visit page [H-15](#) to learn more about claiming his/her unreimbursed medical expenses.

8. **TRICARE® Health Benefits (DoD).** If decedent is a US military retiree, please do not try to submit a claim for any of his/her unreimbursed medical expenses. Please [contact](#) the JUSMAGTHAI TRICARE office for assistance. Visit page [I-9](#) to learn more.

9. **Army Post Office (APO) Box at JUSMAGTHAI.** Survivors of US military retirees may be eligible for an APO box (similar to a P.O. box). Restrictions apply. Visit page [I-14](#) to learn more.

10. **Prevent Benefits Suspension.** Survivors of US military retirees that are receiving DoD's Survivor Benefit Plan (SBP) need to keep their USID card updated, else an expired USID card can lead to SBP pay suspension. This requirement is in addition to returning a properly completed SBP Certificate of Eligibility (COE) on-time (typically mailed annually to a beneficiary during their birth month). An expired USID card may also result in TRICARE health benefits suspension.

· VA survivor benefits beneficiaries must also properly complete and timely return the report or questionnaire associated with their survivor benefit (when mailed to them by VA). VA Survivors Pension: Eligibility Verification Report (EVR). VA DIC: Marital Status Questionnaire.

· Providers of other survivor benefits typically will have their own benefits-related report or questionnaire, that too, must also be properly completed and returned on-time. Two such examples are Social Security and the Office of Personnel Management (OPM).

11. **Taxation.** VA survivor benefits are tax free. However, the Defense Finance and Accounting Service (DFAS) withholds a 30 percent federal income tax on SBP paid to nonresident aliens (unless the beneficiary resides in a country that has a tax treaty with the US specifying a different withholding rate). Fortunately, Thailand and the US have a Double Taxation Treaty. Visit page [I-7](#) to learn more.

12. **State Benefits.** Many states have passed laws providing certain rights, benefits, and privileges to the surviving spouse and children of a deceased service member. It may be worth looking into.

13. **What If?** What if the decedent is a proven bigamist? What if the Veteran didn't update his/her DEERS record upon remarriage (or divorce)? What if you have to explain to a widow(er) that their spouse never served in the US military even though falsely claiming to! Each of these situations has occurred. If something doesn't seem right, don't presume legitimacy. **Always double-check!**

*** US Citizen Death in Thailand - Initial Actions ***

- **Death of a US Citizen:** <https://th.usembassy.gov/u-s-citizen-services/death-of-a-u-s-citizen/>.
- **General Notes.** Actions depicted on this page are typical. Adjust as needed for atypical cases.
 - » A hospital will typically hold a decedent's body until all related outstanding bills are paid.
 - » Do not withdraw funds from decedent's bank account unless authorized to do so by the bank.
 - » Do not withdraw newly-deposited benefits payments from decedent's bank account.
 - » Expect the police to secure and inventory the decedent's possessions (situation specific).
 - » **Safeguard decedent's original US passport. DO NOT** give to Thai authorities!
- 1. **Death in Hospital:**
 - Hospital holds decedent until they receive the release instruction letter from ACS.
 - » Hospital then provides medical documentation stipulating cause and manner of death.
- 2. **Death Outside Hospital:**
 - Notify local police and file a Police Report. Give police a **COPY** of decedent's US passport.
 - » Police may send decedent's body for an autopsy. Autopsies are normally performed free of charge by the Forensic Institute at the Police General Hospital in Bangkok or by another forensic institute within 24 hours of receiving the remains. Thai autopsy reports take at least 45 business days to produce. (Note: Hospitals typically charge a fee to perform an autopsy.)
- 3. **Surviving Spouse (or NOK or Representative):**
 - Notify local Police and file a Police Report. (Police may request Tourist Police assistance.)
 - Notify US Citizen Services (ACS), Bangkok (Tel: 02-205-4049; 24 Hours/Day, 7 Days/Week).
 - Email to ACS a copy of the legal Will. If the deceased did not have a Last Will & Testament but had substantial personal effects and a number of next-of-kin, send notarized [Affidavits of Next-of-Kin](#) (PDF 63KB) to ACS by email. In lieu of a local Thai notary service, next-of-kin in Thailand may instead choose to have affidavits notarized free of charge at ACS, US Embassy (Bangkok) or US Consulate General (Chiang Mai).
 - Contact ACS for the release instruction letter for the decedent.
 - Notify local Amphoe within 24 hours of death (initial notification) (may request certified Thai translation of US passport). The Amphoe will specify the documentation that's required for the issuance of the Thai Death Certificate.
 - Notify area Royal Thai Immigration Office (they will specify the documentation they require).
 - Obtain related Hospital/Police/Forensic medical report(s), when available. If an autopsy was done, give the police officer assigned to your case the autopsy report. If no issues, he/she will then provide a document showing the case is closed and a Thai death certificate may be issued.
 - » Bring police document to Amphoe. Amphoe will then issue a Thai Death Certificate.
 - Bring the Thai Death Certificate and ACS' release instruction letter to the morgue. Pay for Mortuary and related expenses.
 - » The morgue (or other holding facility) will then release the decedent's body.
 - Make desired funeral arrangements (including transporting the decedent to the desired location).
 - Obtain "Certified True" English translation of the Thai Death Certificate.
 - Mail (Registered or EMS) the following documents to ACS:
 - » Original Thai Death Certificate with Certified True English translation (certified by a professional translator). (Note: Most funeral homes in Thailand include the cost of translation in their service packages.)
 - » Deceased's Original US Passport.
 - » Additional documentation and information if requested by ACS.

4. **US Citizen Services (ACS):**

- » Advises the NOK or legal representative of ACS-required actions, and gives a general overview of what to expect during this process.
- » Assigns a case officer. A series of communications begin with the NOK or legal representative.
- » Prepares Consular Report of Death of a US Citizen Abroad (CRDA). Sends electronic CRDA to NOK or legal representative.
- » Sends the original Thai death certificate and English translation to NOK or legal representative.
- » Sends the deceased's canceled US passport to NOK or legal representative.
- » Notifies Social Security and the relevant US state. ACS will also notify the Department of Veterans Affairs (VA) and/or Office of Personnel Management (OPM) (civil service), when the NOK or legal representative informs ACS accordingly.

5. **If Decedent is a US Military Veteran:** The NOK may be eligible for a US Burial Flag (see page [H-9](#)). The VA (through ACS) will furnish a US Burial Flag to an eligible applicant. In order to be issued a US Burial Flag, please provide the decedent's DD-214(s) (Armed Forces of the US Report of Transfer or Discharge) (or equivalent), and complete [VA Form 27-2008](#). Please also see page [B-5](#) for Veteran-related survivor assistance information.

• **Please Note:** The NOK or legal representative must be able to prove the deceased was a Veteran. Moreover, ACS will not position a US Burial Flag prior to a Veteran's death. If a US flag is desired in time to cover the casket at the burial ceremony, the NOK or legal representative must immediately submit a properly completed US Burial Flag application in-person to ACS (or make alternative arrangements to have a US flag on hand). If possible, the NOK or legal representative should apply for the flag when she/he reports the Veteran's death at the Consular Section.

6. **Final Comments:** Reminder, this section outlines typical "Initial Actions".

You, as the NOK or legal representative, will primarily be interacting with various Royal Thai Government (RTG) agencies and offices. It's well known that individual RTG offices and staff sometimes each have their own unique rules and ways of doing things. You should expect having to make multiple appointments/visits, and be asked to complete various official RTG forms. Do your best and please try to not let the process further stress you out.

We are very sorry for your loss...

· Worksheet · Name: _____

Surviving Spouse

Name (Last, First, Middle):		Maiden:	
<input type="checkbox"/> SSN or <input type="checkbox"/> ITIN:		Citizenship:	
Date of Birth:	Place of Birth:		
Birth Certificate Location:		<input type="checkbox"/> Prior Marriage (see p. B-12)	
US Immigration Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Naturalized US Citizen (or <input type="checkbox"/> Application) # <input type="checkbox"/> Legal Permanent Resident (aka Resident Alien or Green Card Holder) <input type="checkbox"/> Nonresident Alien			
<input type="checkbox"/> Thai Passport #		<input type="checkbox"/> US Passport #	
<input type="checkbox"/> Other Passport (Country & No.):		<input type="checkbox"/> Expired	
<input type="checkbox"/> Thai National ID Card and/or <input type="checkbox"/> Other:			
<input type="checkbox"/> Thai Driver's License and/or <input type="checkbox"/> Other:			
<input type="checkbox"/> US Green Card (<input type="checkbox"/> Conditional) (<input type="checkbox"/> Expired) - Expiration Date (<input type="checkbox"/> None):			
<input type="checkbox"/> US Military ID Card: <input type="checkbox"/> Dependent <input type="checkbox"/> Retired <input type="checkbox"/> DAVPRM <input type="checkbox"/> DAVTMP <input type="checkbox"/> Other			
<u>Home Address:</u>			
<input type="checkbox"/> Current / <input type="checkbox"/> Last known			
<input type="checkbox"/> Mailing Address is same			
<u>Mailing Address:</u> (If different than home)			
Home Ph:	Cell Ph:	Work Ph:	
Personal Email:			
Monthly Income:			
Financial Assets (Total Value):			
Property (Not House) (Total Value):			
Direct Deposit (US Benefits) - Bank:		Account #	
<input type="checkbox"/> US ACH Routing Number:		<input type="checkbox"/> SWIFT Code:	
Direct Deposit (Thai Benefits) - Bank:		Account #	
<input type="checkbox"/> Working: <input type="checkbox"/> Company or <input type="checkbox"/> Business Name (if Owner):			
Address:			
Name (<input type="checkbox"/> Supervisor or <input type="checkbox"/> Business Partner):			
Work Ph:	Cell Ph:	Home Ph:	
Supervisor's Email:		Spouse's Email:	
Website:			
<input type="checkbox"/> Remarks (see "Additional Information" p. B-13 or <input type="checkbox"/> Continuation sheet).			

Last Updated:

· Worksheet · Name: _____

Children

#1: Name (Last, First, Middle) (<input type="checkbox"/> Adult Disabled)	Date of Birth	Place of Birth	SSN (Under 18 or Adult Disabled)
Birth Certificate Location:			
<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted (or <input type="checkbox"/> Application Pending) Citizenship:			
<input type="checkbox"/> US Passport #	<input type="checkbox"/> Thai Passport #	<input type="checkbox"/> Other:	
Mother is <input type="checkbox"/> Current Spouse or <input type="checkbox"/> Former Spouse - Name:			
Father is <input type="checkbox"/> Current Spouse or <input type="checkbox"/> Former Spouse - Name:			
Address: <input type="checkbox"/> Same as p. B-9 (or <input type="checkbox"/> See "Additional Information" p. B-13 or <input type="checkbox"/> Continuation sheet).			
#2: Name (Last, First, Middle) (<input type="checkbox"/> Adult Disabled)	Date of Birth	Place of Birth	SSN (Under 18 or Adult Disabled)
Birth Certificate Location:			
<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted (or <input type="checkbox"/> Application Pending) Citizenship:			
<input type="checkbox"/> US Passport #	<input type="checkbox"/> Thai Passport #	<input type="checkbox"/> Other:	
Mother is <input type="checkbox"/> Current Spouse or <input type="checkbox"/> Former Spouse - Name:			
Father is <input type="checkbox"/> Current Spouse or <input type="checkbox"/> Former Spouse - Name:			
Address: <input type="checkbox"/> Same as p. B-9 (or <input type="checkbox"/> See "Additional Information" p. B-13 or <input type="checkbox"/> Continuation sheet).			
#3: Name (Last, First, Middle) (<input type="checkbox"/> Adult Disabled)	Date of Birth	Place of Birth	SSN (Under 18 or Adult Disabled)
Birth Certificate Location:			
<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted (or <input type="checkbox"/> Application Pending) Citizenship:			
<input type="checkbox"/> US Passport #	<input type="checkbox"/> Thai Passport #	<input type="checkbox"/> Other:	
Mother is <input type="checkbox"/> Current Spouse or <input type="checkbox"/> Former Spouse - Name:			
Father is <input type="checkbox"/> Current Spouse or <input type="checkbox"/> Former Spouse - Name:			
Address: <input type="checkbox"/> Same as p. B-9 (or <input type="checkbox"/> See "Additional Information" p. B-13 or <input type="checkbox"/> Continuation sheet).			
#4: Name (Last, First, Middle) (<input type="checkbox"/> Adult Disabled)	Date of Birth	Place of Birth	SSN (Under 18 or Adult Disabled)
Birth Certificate Location:			
<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted (or <input type="checkbox"/> Application Pending) Citizenship:			
<input type="checkbox"/> US Passport #	<input type="checkbox"/> Thai Passport #	<input type="checkbox"/> Other:	
Mother is <input type="checkbox"/> Current Spouse or <input type="checkbox"/> Former Spouse - Name:			
Father is <input type="checkbox"/> Current Spouse or <input type="checkbox"/> Former Spouse - Name:			
Address: <input type="checkbox"/> Same as p. B-9 (or <input type="checkbox"/> See "Additional Information" p. B-13 or <input type="checkbox"/> Continuation sheet).			
<input type="checkbox"/> Remarks (see "Additional Information" p. B-13 or <input type="checkbox"/> Continuation sheet).			

Last Updated:

· Worksheet · Name: _____

Former Spouse(s)

#1: Name (Last, First, Middle):		Maiden:
<input type="checkbox"/> SSN or <input type="checkbox"/> ITIN:	Citizenship:	
Date of Birth:	Place of Birth:	
Prior Marriage (to deceased) - Date:		Place:
<input type="checkbox"/> Divorce or <input type="checkbox"/> Death - Date:		Place:
Location of <input type="checkbox"/> Divorce or <input type="checkbox"/> Death Documentation:		
Marital Status: <input type="checkbox"/> Unremarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
US Immigration Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Naturalized US Citizen (or <input type="checkbox"/> Application) #		
<input type="checkbox"/> Legal Permanent Resident (aka Resident Alien or Green Card Holder) <input type="checkbox"/> Nonresident Alien		
<u>Home Address:</u>		
<input type="checkbox"/> Current / <input type="checkbox"/> Last known		
<input type="checkbox"/> Mailing Address is same		
<u>Mailing Address:</u> (If different than home)		
Home Ph:	Cell Ph:	Work Ph:
Email:		
<input type="checkbox"/> Working: <input type="checkbox"/> Company or <input type="checkbox"/> Business Name (if Owner):		
Employer's Email:		Website:
#2: Name (Last, First, Middle):		
<input type="checkbox"/> SSN or <input type="checkbox"/> ITIN:		Maiden:
<input type="checkbox"/> SSN or <input type="checkbox"/> ITIN:		Citizenship:
Date of Birth:	Place of Birth:	
Prior Marriage (to deceased) - Date:		Place:
<input type="checkbox"/> Divorce or <input type="checkbox"/> Death - Date:		Place:
Location of <input type="checkbox"/> Divorce or <input type="checkbox"/> Death Documentation:		
Marital Status: <input type="checkbox"/> Unremarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
US Immigration Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Naturalized US Citizen (or <input type="checkbox"/> Application) #		
<input type="checkbox"/> Legal Permanent Resident (aka Resident Alien or Green Card Holder) <input type="checkbox"/> Nonresident Alien		
<u>Home Address:</u>		
<input type="checkbox"/> Current / <input type="checkbox"/> Last known		
<input type="checkbox"/> Mailing Address is same		
<u>Mailing Address:</u> (If different than home)		
Home Ph:	Cell Ph:	Work Ph:
Email:		
<input type="checkbox"/> Working: <input type="checkbox"/> Company or <input type="checkbox"/> Business Name (if Owner):		
Employer's Email:		Website:
<input type="checkbox"/> Remarks (see "Additional Information" p. B-13 or <input type="checkbox"/> Continuation sheet).		

Last Updated:

· Worksheet · Name: _____

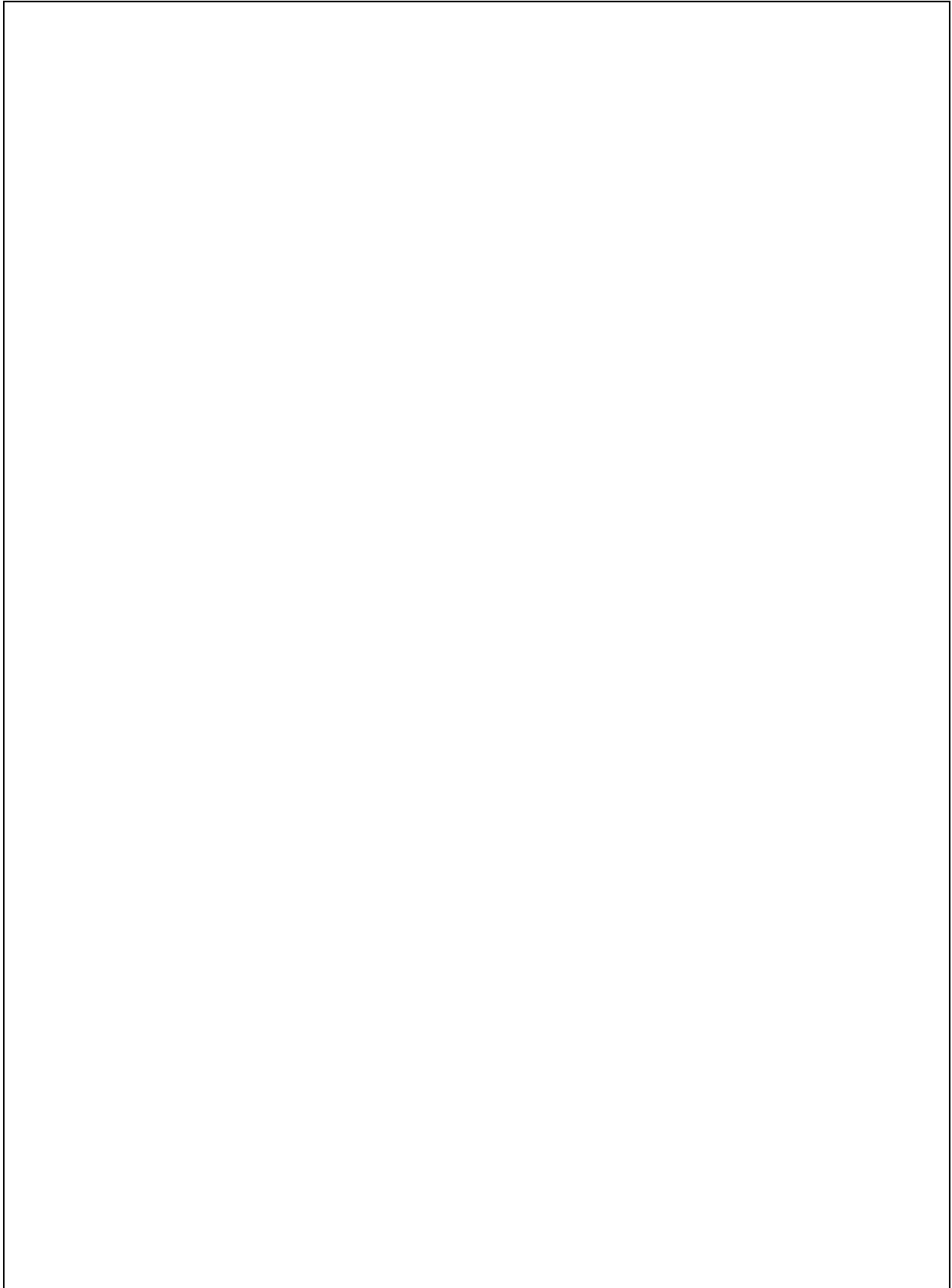
Other Prior Marriage

Prior Marriage (<input type="checkbox"/> Decedent or <input type="checkbox"/> Surviving Spouse)	
Former Spouse's Name (Last, First, Middle):	
Former Spouse's Date of Birth:	<input type="checkbox"/> Former Spouse had a US SSN:
Former Spouse's Nationality:	Former Spouse's Citizenship:
Date Married:	Place:
<input type="checkbox"/> Divorce or <input type="checkbox"/> Death - Date:	Place:
Location of <input type="checkbox"/> Divorce or <input type="checkbox"/> Death Documentation:	
Remarks:	
Prior Marriage (<input type="checkbox"/> Decedent or <input type="checkbox"/> Surviving Spouse)	
Former Spouse's Name (Last, First, Middle):	
Former Spouse's Date of Birth:	<input type="checkbox"/> Former Spouse had a US SSN:
Former Spouse's Nationality:	Former Spouse's Citizenship:
Date Married:	Place:
<input type="checkbox"/> Divorce or <input type="checkbox"/> Death - Date:	Place:
Location of <input type="checkbox"/> Divorce or <input type="checkbox"/> Death Documentation:	
Remarks:	
Prior Marriage (<input type="checkbox"/> Decedent or <input type="checkbox"/> Surviving Spouse)	
Former Spouse's Name (Last, First, Middle):	
Former Spouse's Date of Birth:	<input type="checkbox"/> Former Spouse had a US SSN:
Former Spouse's Nationality:	Former Spouse's Citizenship:
Date Married:	Place:
<input type="checkbox"/> Divorce or <input type="checkbox"/> Death - Date:	Place:
Location of <input type="checkbox"/> Divorce or <input type="checkbox"/> Death Documentation:	
Remarks:	

Last Updated:

· Worksheet · Name: _____

Additional Information



Last Updated:

· **Survivor Assistance Checklist** · **Name:** _____

C - REPORTS OF DEATH (et.al.)		<u>Started</u>	<u>Sent</u>	<u>Complete</u>	<u>N/A</u>
· Department of State (DoS)	C-1	_____	_____	_____	<input type="checkbox"/>
· Social Security Administration (SSA)	C-2	_____	_____	_____	<input type="checkbox"/>
· Office of Personnel Management (OPM)	C-3	_____	_____	_____	<input type="checkbox"/>
· Thrift Savings Plan (TSP)	C-5	_____	_____	_____	<input type="checkbox"/>
· FEDVIP/BENEFEDS	C-7	_____	_____	_____	<input type="checkbox"/>
· Federal Long-Term Care Insurance Program ..	C-9	_____	_____	_____	<input type="checkbox"/>
· National Personnel Records Center	C-11	_____	_____	_____	<input type="checkbox"/>
· Department of Veterans Affairs (VA)	C-13	_____	_____	_____	<input type="checkbox"/>
· Department of Defense (DoD) (3)	C-15	_____	_____	_____	<input type="checkbox"/>
· US Coast Guard	C-21	_____	_____	_____	<input type="checkbox"/>
· Insurance (Life/Accident/Travel/Health)	C-23	_____	_____	_____	<input type="checkbox"/>
· Financial Institutions	C-25	_____	_____	_____	<input type="checkbox"/>
· Digital Assets Accounts	C-27	_____	_____	_____	<input type="checkbox"/>
· Credit Cards & Other Debt	C-29	_____	_____	_____	<input type="checkbox"/>
· Credit Reporting Agencies	C-31	_____	_____	_____	<input type="checkbox"/>
· State Driver's License or State ID Card	C-33	_____	_____	_____	<input type="checkbox"/>
· Associations & Organizations	C-35	_____	_____	_____	<input type="checkbox"/>

D - SOCIAL SECURITY ADMINISTRATION		<u>Started</u>	<u>Sent</u>	<u>Complete</u>	<u>N/A</u>
· Lump-Sum	D-3	_____	_____	_____	<input type="checkbox"/>
· Surviving Spouse's Benefits	D-4	_____	_____	_____	<input type="checkbox"/>
· Child's Benefits	D-5	_____	_____	_____	<input type="checkbox"/>
· Child's Payee	D-6	_____	_____	_____	<input type="checkbox"/>
· SSN	D-7	_____	_____	_____	<input type="checkbox"/>
· Claimant's Representative	D-8	_____	_____	_____	<input type="checkbox"/>
· Enroll in Medicare Part B	D-9	_____	_____	_____	<input type="checkbox"/>
· Advance Designation of a Rep. Payee	D-11	_____	_____	_____	<input type="checkbox"/>
· Representative Payee (Fiduciary)	D-12	_____	_____	_____	<input type="checkbox"/>

E - OFFICE OF PERSONNEL MANAGEMENT		<u>Started</u>	<u>Sent</u>	<u>Complete</u>	<u>N/A</u>
· Death Benefits	E-2	_____	_____	_____	<input type="checkbox"/>
· Federal Employees' Group Life Insurance	E-4	_____	_____	_____	<input type="checkbox"/>
· Federal Employees' Health Benefits	E-5	_____	_____	_____	<input type="checkbox"/>

• **Survivor Assistance Checklist** • **Name:** _____

J - US COAST GUARD		<u>Started</u>	<u>Sent</u>	<u>Complete</u>	<u>N/A</u>
· Unpaid Final Retired Pay	J-1	_____	_____	_____	<input type="checkbox"/>
· Survivor Annuity	J-3	_____	_____	_____	<input type="checkbox"/>
· Uniformed Services ID (USID) Card	J-5	_____	_____	_____	<input type="checkbox"/>
· TRICARE Health Benefits	J-6	_____	_____	_____	<input type="checkbox"/>
· Representative Payee (Fiduciary)	J-7	_____	_____	_____	<input type="checkbox"/>

K - DEPARTMENT OF THE TREASURY		<u>Started</u>	<u>Sent</u>	<u>Complete</u>	<u>N/A</u>
· Direct Deposit	K-1	_____	_____	_____	<input type="checkbox"/>
· Direct Express® Card	K-3	_____	_____	_____	<input type="checkbox"/>
· Return a UST Check or Direct Express® Card	K-5	_____	_____	_____	<input type="checkbox"/>

L - INTERNAL REVENUE SERVICE		<u>Started</u>	<u>Sent</u>	<u>Complete</u>	<u>N/A</u>
· Individual Income Tax Return (Decedent)	L-1	_____	_____	_____	<input type="checkbox"/>
· Survivor Benefits Taxation (General)	L-3	_____	_____	_____	<input type="checkbox"/>
· Individual Taxpayer ID # (ITIN)	L-4	_____	_____	_____	<input type="checkbox"/>
· Withholding Certificate	L-5	_____	_____	_____	<input type="checkbox"/>
· Estimated Tax Payments	L-6	_____	_____	_____	<input type="checkbox"/>

M - FINANCIAL CRIMES ENFORCEMENT		<u>Started</u>	<u>Sent</u>	<u>Complete</u>	<u>N/A</u>
· Foreign Bank & Financial Accts (FBAR)	M-1	_____	_____	_____	<input type="checkbox"/>

N - ADDITIONAL ACTIONS		<u>Started</u>	<u>Sent</u>	<u>Complete</u>	<u>N/A</u>
· Associations & Memberships	N-1	_____	_____	_____	<input type="checkbox"/>
· Request Medical & Dental Records	N-1	_____	_____	_____	<input type="checkbox"/>
· Other Help Requested by Survivor	N-1	_____	_____	_____	<input type="checkbox"/>

Remarks:

• **Survivor Assistance Checklist** • **Name:** _____

Remarks (continued):

Last Updated:

*** Witness Signature ***

• **Two (2) Witness Signatures Required When Claimant Signs By:**

“Printed” Signature / “X” Signature / Thumbprint

**Use this sheet if an application form does not provide a “Witness Signature” section.
(May also be used for general purposes that require a witness signature.)**

• **Claimant Name (Last, First Middle):** _____

• **Purpose:** _____ • **Case File #:** _____

(Note: A benefits provider may ask for the Decedent’s SSN, Claimant’s SSN (if one was issued), Employee #, Benefits #, Claim #, etc. Also, the Witness Signature date below must **match** the date used by the applicant. Use Remarks section as needed.)

Witness #1:

Name: _____
(First, Middle Initial, Last) Signature of Witness

Address:

Date: _____

Witness #2:

Name: _____
(First, Middle Initial, Last) Signature of Witness

Address:

Date: _____

Remarks:

*** Consular Report of Death ***

SECTION - C

Department of State (DoS)

- Action:** Report Death of a US Citizen in a Foreign Country.
- Form:** DS-2060 - DoS Consular Report of Death of a US Citizen Abroad (CRDA) (prepared by the Consular Section (ACS)).
- Web:** (1) <https://travel.state.gov/content/travel/en/international-travel/while-abroad/death-abroad1/consular-report-of-death-of-a-u-s--citizen-abroad.html>
(2) <https://th.usembassy.gov/u-s-citizen-services/death-of-a-u-s-citizen/>
- Address:** Consular Section (ACS), US Embassy [1] or US Consulate General [2].
- Documents:** (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with “Certified True” English translation.)
(2) Decedent’s US Passport.

1. The widow(er) 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 “**Consular Report of Death of a US Citizen or US Non-Citizen National Abroad**” (CRDA; Form DS-2060). The Consul needs the deceased’s biographical information to complete the report. The deceased’s passport will be hole-punched to be rendered unusable.

2. The DS-2060 is mailed to SSA and the decedent’s State of Birth. It will also be mailed to VA and OPM, as applicable. If the VA or OPM blocks are not check-marked on the bottom of the CRDA, those agencies were not notified. The DS-2060 has an embossed seal to prove its originality.

3. DoS’ CRDA action **should** terminate SSA, VA and OPM annuity payments (as applicable).

4. Send Reports of Death (Letter, Email, Phone Call or Online Portal) as soon as the DS-2060 is available. (Note: It’s ok to make **initial** death reports to monthly annuity/compensation providers without providing a CRDA or Thai Death Certificate, but the provider will still need it when it becomes available. The main purpose of initial reporting in this situation (without proof of death) is to prevent one or more overpayments that a survivor will be legally required to return to source.)

*** Report of Death ***

SECTION - C

Social Security Administration (SSA)

Action: Report Death of Person Receiving Social Security Insurance Payments.

Form: FBU Inquiry Form: <https://ph.usembassy.gov/services/fbu-inquiry-form>
(Inquiry Reason: “Report of Death”).

Web: (1) <https://www.ssa.gov/benefits/survivors/>
(2) <https://www.ssa.gov/pubs/EN-05-10008.pdf>

Address: Federal Benefits Unit (FBU), US Embassy, Manila, PI [38].

Documents: DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with “Certified True” English translation.)

1. Report the death of a worker or family member of a worker receiving SSA insurance payments.
2. Submit this report (online) to the SSA Field Office, Manila, PI (FBU Manila) as soon as the death is documented. The online FBU inquiry form has the information for SSA to stop sending payments.
3. Mail the DS-2060 or certified copy of the Thai Death Certificate (with “Certified True” English translation) to FBU Manila when instructed to do so.
4. The ‘Report of Death’ also starts SSA acting on providing a survivor with application actions.

*** Report of Death ***

SECTION - C

Office of Personnel Management (OPM)

Action:	Report Death of Person Receiving an OPM Annuity.
Form:	Online Report of Death . (Example Email Report Next Page.)
Web:	(1) https://www.opm.gov/retirement-center/ (2) https://www.opm.gov/retirement-center/survivor-benefits/
Address:	Office of Personnel Management - Retirement Operations Center [35].
Documents:	DoS Consular Report of Death of a US Citizen Abroad (DS-2060). (<u>Or</u> : Thai Death Certificate with “Certified True” English translation.)

1. How to Report the Death of a Federal Employee/Retiree. OPM offers several options on how to report a death. You can do one of the following:

- Complete an online [Report of Death form](#)
- Email: retire@opm.gov
- Call Retirement Information Office: 1-888-767-6738 (Mon-Fri, 7:40 am-5:00 pm EST/EDT)

2. What you need to report:

- Retiree/employee’s name.
- Any information you may have, such as the retiree/employee’s date of birth, social security number, claim number and address.
- Names and addresses of the survivors so that we may send out information regarding potential death benefits that might be payable.

3. Submit the DS-2060 **or** certified copy of the Thai Death Certificate (with “Certified True” English translation) to OPM when instructed to do so.

4. As stipulated in para 3 above, the Report of Death also starts OPM acting on providing a survivor with information regarding potential death benefits that might be payable.

(Example Email to OPM)

Trusted Helper

From: Trusted Helper [trustedhelper@fakemail.com]
Sent: Monday, January 1, 2024
To: OPM Retirement Operations Center [retire@opm.gov]
Subject: Report of Death

Dear Sir or Madam,

Deceased

Retiree: Doe, John William
SSN 987-65-4321
Claim # Account #0987654321
Date of Death: December 18, 2023
Date of Birth: August 12, 1946

Address: 38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Teprasit, Muang
Nakhon Nowhere 12345 Thailand

Widow

Doe, Maleewan (NMI)
SSN None
ITIN 123-45-6789
Date of Birth: July 4, 1962
Citizenship: Thai

Address: 38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Teprasit, Muang
Nakhon Nowhere 12345 Thailand

Tel: +66-77-777-7777
Email: survivor_doe@fakemail.com

I will mail a copy of the Consular Report of Death of a US Citizen Abroad (DS-2060) (or Thai Death Certificate with "Certified True" English translation) when issued.

Please let me know if you require additional information. Thank you.

Sincerely,

Maleewan (NMI) Doe
(Unremarried Surviving Spouse)

Tel: +66-77-777-7777
Email: survivor_doe@fakemail.com

(Contains Privacy Act Information)

*** Report of Death ***

SECTION - C

Thrift Savings Plan (TSP)

- Action:** Report Death of a Thrift Savings Plan Account Holder.
- Form:** Example Letter Next Page. (May alternatively send an email.)
- Web:** <https://www.tsp.gov/publications/tspbk31.pdf> (Participants & Beneficiaries)
- Address:** Thrift Savings Plan [43].
- Documents:** (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with “Certified True” English translation.)
(2) Photocopy of TSP Statement.
-

1. If no TSP statement in deceased’s files, look for [possible] contributions or distributions.

· Note: By law, a TSP account holder is required to take required minimum distributions (RMDs) beginning the year they turn 72. Participants who turned 70½ on or before December 31, 2019, were required to begin receiving RMDs in the year they turned 70½.

2. Promptly notify TSP of an account holder’s death.

3. Initially, the survivor should not commit to providing any information other than what’s minimally needed to report the death and request disposition of the account.

January 1, 2024

MEMORANDUM FOR ThriftLine Service Center
C/O Broadridge Processing
PO Box 1600
Newark, NJ 07101-1600

EXAMPLE

FROM: Mrs. Maleewan (NMI) Doe
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Teprasisit, Muang
Nakhon Nowhere 12345 Thailand

SUBJECT: Death of Thrift Savings Plan Account Holder - Doe, John W.

Ref: Doe, John W.; SSN 987-65-4321; Account #xxxxxxxxxx

Dear Sir or Madam,

1. I am the surviving spouse of John W. Doe who died on December 18, 2023 (encl 1).
2. The enclosed statement (encl 2) has the information on his account.
3. Please send me the forms and information necessary to access my deceased husband's TSP account. Thank you.

Sincerely,

Maleewan (NMI) Doe
(Unremarried Surviving Spouse)

Tel: +66-77-777-7777
Email: survivor_doe@fakemail.com

(2) Encl

1. Department of State - Consular Report of Death of a US Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with "Certified True" English translation.
2. Photocopy of latest Thrift Savings Plan Account Statement.

*** Report of Death ***

SECTION - C

Federal Employee Dental & Vision Insurance Program (FEDVIP) (Sponsored by the Office of Personnel Management)

Action:	Report Death of Person Enrolled in FEDVIP.
Form:	Example Letter Next Page - Report of Enrollee Death.
Web:	https://www.benefeds.com/contact
Address:	BENEFEDS-FEDVIP [36].
Documents:	DoS Consular Report of Death of a US Citizen Abroad (DS-2060). (<u>Or</u> : Thai Death Certificate with “Certified True” English translation.)

1. How to Report the Death of a FEDVIP enrollee. BENEFEDS offers two options on how to report a death. You can do one of the following:

- Write to BENEFEDS:
BENEFEDS-FEDVIP
P.O. Box 797
Greenland, NH 03840-0797
- Call BENEFEDS:
 - Tel: 1-877-888-3337 **or** +1-571-730-5942 (International)
 - Call Center Hours: Monday-Friday, 9:00 am - 7:00 pm (ET)
 - Open Season Call Center Hours: Monday-Friday, 8:00 am - 9:00 pm (ET)

2. Report the following:

- Enrollee’s name.
- Any information you may have, such as the enrollee’s date of birth, social security number, claim number and address.
- Name(s) and address(es) of the survivor(s).

3. Submit the DS-2060 **or** certified copy of the Thai Death Certificate (with “Certified True” English translation) to BENEFEDS when instructed to do so.

January 1, 2024

MEMORANDUM FOR BENEFEDS-FEDVIP
P.O. Box 797
Greenland, NH 03840-0797

EXAMPLE

FROM: Mrs. Maleewan (NMI) Doe
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Teprasit, Muang
Nakhon Nowhere 12345 Thailand

SUBJECT: Report of Death of a FEDVIP Enrollee

Ref: Deceased Enrollee: Doe, John W.; SSN 987-65-4321; Benefits #xxxxxxx

Dear Sir or Madam,

1. As the surviving spouse, I am informing you of the death of my spouse who was enrolled in FEDVIP.
2. Please provide claim filing information and inform me if any of my deceased spouse's enrollment premiums are refundable, and if so, how to claim.
3. Deceased's Department of State - Consular Report of Death of a US Citizen Abroad (DS-2060) is enclosed at encl 1. The following information is provided:

- Name: Doe, John William
- Date and Place of Death: December 18, 2023; Bangkok, Thailand
- Cause of Death: Heart Attack
- Next-of-Kin:
Mrs. Maleewan (NMI) Doe (Surviving Spouse)
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Teprasit, Muang
Nakhon Nowhere 12345 Thailand

4. Please let me know if you require additional information. Thank you.

Sincerely,

Maleewan (NMI) Doe
(Unremarried Surviving Spouse)

Tel: +66-77-777-7777
Email: survivor_doe@fakemail.com

(1) Encl
Department of State - Consular Report of Death of a US Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with "Certified True" English translation.

*** Report of Death ***

SECTION - C

**Federal Long Term Care Insurance Program (FLTCIP)
(Sponsored by the Office of Personnel Management)**

Action:	Report Death of Person Enrolled in FLTCIP.
Form:	Example Letter Next Page - Report of Enrollee Death.
Web:	https://www.ltcfeds.com/
Address:	Federal Long Term Care Insurance Program [37].
Documents:	DoS Consular Report of Death of a US Citizen Abroad (DS-2060). (<u>Or</u> : Thai Death Certificate with “Certified True” English translation.)

1. To Report the Death of a FLTCIP enrollee, you can do one of the following:

- Write to FLTCIP:
Long Term Care Partners, LLC
P.O. Box 797
Greenland, NH 03840-0797
- Call FLTCIP:
 - Tel: 1-800-582-3337 (US, toll-free) **or** Tel: 1-571-730-5938 (outside US, not toll-free)
 - Call Center Hours: Monday-Friday, 8:00 am - 6:00 pm (ET)

2. Report the following:

- Enrollee’s name.
- Any information you may have, such as the enrollee’s date of birth, social security number, claim number and address.
- Name(s) and address(es) of the survivor(s).

3. Submit the DS-2060 **or** certified copy of the Thai Death Certificate (with “Certified True” English translation) to FLTCIP when instructed to do so.

January 1, 2024

MEMORANDUM FOR Long Term Care Partners, LLC
P.O. Box 797
Greenland, NH 03840-0797

EXAMPLE

FROM: Mrs. Maleewan (NMI) Doe
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Tepprasit, Muang
Nakhon Nowhere 12345 Thailand

SUBJECT: Report of Death of a Federal Long Term Care Insurance Program (FLTCIP) Enrollee

Ref: Deceased Enrollee: Doe, John W.; SSN 987-65-4321; Policy #xxxxxxx

Dear Sir or Madam,

1. As the surviving spouse, I am informing you of the death of my spouse who was enrolled in FLTCIP.

2. Please provide claim filing information and inform me if any of my deceased spouse's enrollment premiums are refundable, and if so, how to claim.

3. Deceased's Department of State - Consular Report of Death of a US Citizen Abroad (DS-2060) is enclosed at encl 1. The following information is provided:

- Name: Doe, John William
- Date and Place of Death: December 18, 2023; Bangkok, Thailand
- Cause of Death: Heart Attack
- Next-of-Kin:

Mrs. Maleewan (NMI) Doe (Surviving Spouse)
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Tepprasit, Muang
Nakhon Nowhere 12345 Thailand

4. Please let me know if you require additional information. Thank you.

Sincerely,

Maleewan (NMI) Doe
(Unremarried Surviving Spouse)

Tel: +66-77-777-7777
Email: survivor_doe@fakemail.com

(1) Encl
Department of State - Consular Report of Death of a US Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with "Certified True" English translation.

*** Report of Death ***

SECTION - C

**National Personnel Records Center (NPRC)
Military Personnel Records (MPR)**

- Action:** Report Death of a US Military Veteran.
- Form:** Example Letter Next Page.
- Web:** NPRC: <https://www.archives.gov/veterans/>
- Address:** See Page 3 of [SF-180](#) (Military Records Request) for correct mailing address.
- Documents:** (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with “Certified True” English translation.)
(2) Photocopy of Decedent’s DoD USID Card (if one was issued).
-

1. **OPTIONAL.** It isn’t necessary to report the death of a US military Veteran to the NPRC. A survivor assistance request for a copy of a Veteran’s military records is a de facto report of death.
2. If reporting a death, the decedent’s DD-214(s) (and DD-215, if issued one) contains most, if not all, of the military-specific data required. (See page 3 of SF-180 for the correct mailing address.)
3. If there is no survivor or a survivor is not submitting a Military Records Request – **AND** – if no military service details are known, mail a Report of Death to:

National Personnel Records Center
(Military Personnel Records)
1 Archives Dr.
St. Louis, MO 63138

January 1, 2024

MEMORANDUM FOR National Personnel Records Center
(Military Personnel Records)
1 Archives Dr.
St. Louis, MO 63138

EXAMPLE

FROM: Mrs. Maleewan (NMI) Doe
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Tepprasit, Muang
Nakhon Nowhere 12345 Thailand

SUBJECT: Report of Death of a US Army Veteran

Ref: Deceased Veteran: Doe, John W., SFC, US Army; SSN 987-65-4321

Dear Sir or Madam,

1. As the surviving spouse, I am informing you of the death of my spouse who was a former member of the United States Army.

2. Department of State - Consular Report of Death of a US Citizen Abroad (DS-2060) is enclosed at encl 1. The following information is provided:

- Name, Rank: Doe, John William, SFC
- SSN (and Service #, if applicable): 987-65-4321
- Date and Place of Birth: August 12, 1946; Anytown, Nebraska
- Date of Separation: September 1, 1968
- Date and Place of Death: December 18, 2023; Nakhon Nowhere, Thailand
- Cause of Death: Heart Attack
- Next-of-Kin:
Mrs. Maleewan (NMI) Doe (Surviving Spouse)
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Tepprasit, Muang
Nakhon Nowhere 12345 Thailand

3. Please let me know if you require additional information. Thank you.

Sincerely,

Maleewan (NMI) Doe
(Unremarried Surviving Spouse)

Tel: +66-77-777-7777
Email: survivor_doe@fakemail.com

(1) Encl
Department of State - Consular Report of Death of a US Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with "Certified True" English translation.

*** Report of Death ***

SECTION - C

Department of Veterans Affairs (VA)

Issue:	Report Death of a Veteran (or Survivor) Receiving Compensation or Pension.
Form:	Example Letter Next Page - Report of Veteran (or Survivor) Death.
Web:	N/A
Address:	VA Evidence Intake Center [18].
Documents:	DoS Consular Report of Death of a US Citizen Abroad (DS-2060). (<u>Or</u> : Thai Death Certificate with “Certified True” English translation.)

1. Note: In 2014, VA implemented *Centralized Mail Processing*. As a result, VA no longer uses the Pittsburgh VA Regional Office ‘Foreign Claims’ address to Report a Veteran’s (or Survivor’s) Death, or for VA Dependency and Indemnity Compensation (DIC) and Survivors Pension claims.
2. Submit this report to the VA Evidence Intake Center to ensure VA knows of the Veteran’s death and discontinues disability compensation payments to the decedent (if payments were being made).
3. In the unlikely event a Veteran was receiving VA Pension payments (needs-based), send Report of Death to: VA Pension Intake Center [15].
4. You may use this report to also Report the Death of a Family Member (Survivor) of a US military Veteran receiving VA DIC or VA Survivors Pension. Send report to: VA Pension Intake Center [15]. (Modify the report/letter as needed.)

January 1, 2024

MEMORANDUM FOR Department of Veterans Affairs
Evidence Intake Center
P.O. Box 4444
Janesville, WI 53547-4444

EXAMPLE

FROM: Mrs. Maleewan (NMI) Doe
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Teprasit, Muang
Nakhon Nowhere 12345 Thailand

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

Ref: Deceased Veteran: Doe, John W., SFC, US Army (Retired); SSN 987-65-4321
VA Claim No. 987654
Widow: Doe, Maleewan (NMI)

Dear Sir or Madam,

1. I am informing you of the death of my US military Veteran husband who was receiving VA disability compensation payments. Date of Death: December 18, 2023.
2. The enclosed copy of the Department of State - Consular Report of Death of a US Citizen Abroad (DS-2060) (encl 1) should contain the necessary information.
3. Please let me know if you require additional information. Thank you.

Sincerely,

Maleewan (NMI) Doe
(Unremarried Surviving Spouse)

Tel: +66-77-777-7777
Email: survivor_doe@fakemail.com

(1) Encl
Department of State - Consular Report of Death of a US Citizen Abroad (DS-2060).
[OR]
Thai Death Certificate with "Certified True" English translation.

*** Report of Death ***

SECTION - C

Department of Defense (DoD) - Four (4) Agencies:

- 1) Defense Finance and Accounting Service (DFAS)**
- 2) Defense Enrollment Eligibility Reporting System (DEERS)**
- 3) TRICARE Select Overseas Contractor**
- 4) Army Post Office (APO) (JUSMAGTHAI)**

- Action:** (1) Report Death of a US Military Retiree (or SBP Annuitant) to DFAS.
(2) Report Death of a US Military Veteran (or Survivor) to DEERS.
(Important Note: DFAS and DEERS must be separately notified.)
(3) Report Death of a TRICARE Select Beneficiary to TRICARE Overseas.
(4) Report Death of a US Military Retiree (or Survivor) Box Holder to the APO.
- Form:** (1) DFAS: Use Online Portal Page [C-17](#).
(2) DEERS: Example Letter Page [C-18](#).
(3) TRICARE Overseas: Example Email Page [C-19](#).
(4) JUSMAGTHAI APO: Example Email Page [C-20](#).
- Web:** (1) DFAS: <https://www.dfas.mil/RetiredMilitary/>
(2) DEERS: <https://milconnect.dmdc.osd.mil/milconnect/public/faq/DEERS>
(3) TRICARE Overseas: <https://www.tricare-overseas.com/>
(4) APO: N/A
- Address:** (1) DFAS - US Military Retirement Pay [9].
(2) JUSMAGTHAI DEERS [5] or contact DEERS (California) [11].
(3) TRICARE Overseas Program [12].
(4) JUSMAGTHAI APO [8].
- Documents:** (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with “Certified True” English translation.)
(2) Photocopy of DoD USID Card (if one was issued).

• **Note:** A non-retiree Veteran (one who is not retired for longevity or medically-retired) will not be receiving pay from DFAS nor will they be enrolled in TRICARE Select. If unsure of a decedent’s Veteran status, ask DEERS first.

Continued on the next page...

1. **DFAS.** Notify DFAS ASAP to avoid a potential overpayment and recoupment. The decedent's Retiree Account Statement (RAS) and DoD US ID (USID) card contain the required military-specific data. DFAS' online **Retiree Death Notification Form** informs DFAS to stop military pay and also removes the deceased's name from the Retired Address Finder (RAF). The Retiree's USID card and final DD-214 shows retired status. For an **Annuitant Death Notification**, please see note below.

• **Note:** When a DoD Survivor Benefit Plan (SBP) annuitant passes away, contact JUSMAGTHAI DEERS [5] and DFAS [9]. (As applicable, also notify other benefits providers, financial institutions, etc.)

2. **DEERS.** The surviving spouse of a US military retiree (or surviving spouse of certain other categories of Veterans) will need a new DoD USID card that shows their military sponsor's status as being deceased. In this case, DEERS will be updated by the USID card issuing facility – in Thailand it's JUSMAGTHAI. Therefore, a separate Report of Death notification to the DEERS office in California isn't necessary (**unless** there's a long delay in obtaining a new USID card). (**Note:** Although often confusing, not all Veterans and family members are eligible to be issued USID cards.)

• **Note:** Notifying DEERS of a Veteran's (or annuitant's) death also notifies their military branch of service. (Being that there is no US military Casualty Assistance Office in Thailand, there's no need to separately notify a Veteran's branch of service.)

3. ***TRICARE Select Overseas*.** If the decedent was enrolled in ***TRICARE Select Overseas***, notify TRICARE Overseas [12] (the JUSMAGTHAI TRICARE office can assist with notification). Moreover, if the survivor (or any dependents) remains eligible for these benefits, be sure to also request that the "plus-one" insurance premium (based on [Beneficiary Group A or B](#)) is reduced.

• **Note:** Although atypical in Thailand, it's possible the decedent enrolled in ***TRICARE Prime*** or ***TRICARE Select*** in the US. If so, they will be enrolled under a different [regional vendor](#) and that vendor will need to be notified of the beneficiary's death (instead of TRICARE Overseas). If unsure which TRICARE health care plan the decedent had (presuming they had one), contact TRICARE's program for retirees at 1-888-838-8738 (toll outside US).

• **Important Note:** If the survivor (or any dependents) remains eligible for these benefits, be sure to also request that the "plus-one" insurance premium is reduced. This will ensure that the survivor does not have to continue paying premiums for the deceased military member.

3.1. ***TRICARE For Life (TFL)*.** To be eligible for ***TFL***, a US military retiree first had to have enrolled in Medicare Part B. US military retirees covered by ***TFL*** do not pay a DoD enrollment fee, and therefore, there is no need to inform TRICARE Overseas. The death notification to Medicare is made by SSA (when the death is reported to SSA).

4. **Army Post Office (APO) (JUSMAGTHAI).** If the decedent was an authorized retiree APO Box-R holder, notify the APO of the retiree's death. **Note:** A surviving spouse may be eligible to use the deceased retiree's same APO box. Contact the APO to make the death notification and to learn more.



Notification of Uniformed Services Retiree Death

Web:

<https://www.dfas.mil/retiredmilitary/survivors/Retiree-death/>

Online Form:

<https://corpweb1.dfas.mil/askDFAS/ticketInput.action?subCategoryID=18004>

-
1. DFAS' online **Retiree Death Notification Form** informs DFAS to stop military pay and also removes the deceased's name from the Retired Address Finder (RAF). The Retiree's USID card and final DD-214 shows retired status.
 2. **Report SBP Annuitant Death:** <https://www.dfas.mil/RetiredMilitary/survivors/annuitant-death/>.

January 1, 2024

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

EXAMPLE

FROM: Mrs. Maleewan (NMI) Doe
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Teprasisit, Muang
Nakhon Nowhere 12345 Thailand

SUBJECT: Report of Death of a US Army Veteran

Ref: Deceased Veteran: Doe, John W., SFC, US Army (Retired); SSN 987-65-4321

Dear Sir or Madam,

1. As the surviving spouse, I am informing you of the death of my spouse who was a former member of the United States Army.

2. Department of State - Consular Report of Death of a US Citizen Abroad (DS-2060) is enclosed at encl 1. The following information is provided:

- Name, Rank: Doe, John William, SFC
- SSN (and Service #, if applicable): 987-65-4321
- Date and Place of Birth: August 12, 1946; Anytown, Nebraska
- Date of Separation: September 1, 1968
- Date and Place of Death: December 18, 2023, Nakhon Nowhere, Thailand
- Cause of Death: Heart Attack
- Next-of-Kin:
Mrs. Maleewan (NMI) Doe (Widow)
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Teprasisit, Muang
Nakhon Nowhere 12345 Thailand

3. Please let me know if you require additional information. Thank you.

Sincerely,

Maleewan (NMI) Doe
(Unremarried Surviving Spouse)

Tel: +66-77-777-7777
Email: survivor_doe@fakemail.com

(1) Encl
Department of State - Consular Report of Death of a US Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with "Certified True" English translation.

(Example Email to TRICARE Overseas Program)

Maleewan Doe

From: Maleewan Doe [survivor_doe@fakemail.com]
Sent: Monday, January 1, 2024
To: International SOS Government Services, Inc.
[\[TRICAREenrollments@top.internationalsos.com\]](mailto:TRICAREenrollments@top.internationalsos.com)
Subject: Report of Death of a Beneficiary Enrolled in TRICARE Select Overseas

Dear Sir or Madam,

Deceased Beneficiary's Information:

1. DoD Benefits Number or SSN: SSN 987-65-4321
2. Full Name: Doe, John William
3. Date of Death: December 18, 2023
4. Type of Death: (Natural Causes, Homicide, etc.): Heart Attack
5. Location of Death (City & State): Nakhon Nowhere, Thailand

Reporting Person Information:

1. Name: Doe, Maleewan (NMI)
2. Relationship to Deceased: Unremarried Surviving Spouse
3. Phone: +66-77-777-7777
4. Email: survivor_doe@fakemail.com
5. Mailing Address:

38/83 Moo 6, Ling Rd.

[OR]

[P.O. Box]

Tepprasit, Muang

Nakhon Nowhere 12345 Thailand

I request that the "plus-one" insurance premium be reduced.

I will email a copy of the Consular Report of Death of a US Citizen Abroad (DS-2060) (or Thai Death Certificate with "Certified True" English translation), if requested.

My deceased husband's Defense Enrollment Eligibility Reporting System (DEERS) record has been updated.

Please let me know if you require additional information. Thank you.

Sincerely,

Maleewan (NMI) Doe
(Unremarried Surviving Spouse)

Tel: +66-77-777-7777

Email: survivor_doe@fakemail.com

(Contains Privacy Act Information)

(Example Email to the Army Post Office (APO))

Maleewan Doe

From: Maleewan Doe [survivor_doe@fakemail.com]
Sent: Monday, January 1, 2024
To: Army Post Office (APO), JUSMAGTHAI [jusmagthaiapo@jusmagthai.org]
Subject: Report of Death of a US Military Retiree with APO Box-R #xxx

Dear Sir or Madam,

Deceased Beneficiary's Information:

1. DoD Benefits Number or SSN: SSN 987-65-4321
2. Full Name: Doe, John William
3. Date of Death: December 18, 2023
4. Type of Death: (Natural Causes, Homicide, etc.): Heart Attack
5. Location of Death (City & State): Nakhon Nowhere, Thailand

Reporting Person Information:

1. Name: Doe, Maleewan (NMI)
2. Relationship to Deceased: Unremarried Surviving Spouse
3. Phone: +66-77-777-7777
4. Email: survivor_doe@fakemail.com
5. Mailing Address:

38/83 Moo 6, Ling Rd.
Teprasit, Muang
Nakhon Nowhere 12345 Thailand

[OR]

[P.O. Box]

I will email a copy of the Consular Report of Death of a US Citizen Abroad (DS-2060) (or Thai Death Certificate with "Certified True" English translation), if requested.

My deceased husband's Defense Enrollment Eligibility Reporting System (DEERS) record has been updated.

Please let me know if you require additional information. Thank you.

Sincerely,

Maleewan (NMI) Doe
(Unremarried Surviving Spouse)

Tel: +66-77-777-7777
Email: survivor_doe@fakemail.com

(Contains Privacy Act Information)

*** Report of Death ***

SECTION - C

US Coast Guard

- Action:** Report Death of a US Coast Guard Retiree (or Survivor) to the US Coast Guard Pay & Personnel Center (PPC) - Retirement & Annuitant Services (RAS) Branch.
- Form:** Example Email Next Page.
- Web:** (1) <https://www.dcms.uscg.mil/ppc/ras/>
(2) <https://www.dcms.uscg.mil/Portals/10/CG-1/PPC/RAS/SurvivorGuide.pdf>
- Address:** US Coast Guard [14].
- Documents:** (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with “Certified True” English translation.)
(Note: Official death document must state cause of death.)
(2) Photocopy of DoD USID Card (helpful if available, but not required).
-

1. Please report the passing of your loved one via email to ppc-dg-customer@uscg.mil or by phone at 1 (866) 772-8724 (Monday - Friday, 7:30 am to 4:00 pm (CT)).
2. For reporting details, please visit: <https://www.dcms.uscg.mil/ppc/ras/> (see ‘Report a Death’).
3. See page [I-2](#) for information on obtaining a Uniformed Services Identification (USID) & Privilege Card for Dependents. USCG info is found [here](#).

(Example Email to US Coast Guard)

Maleewan Doe

From: Maleewan Doe [survivor_doe@fakemail.com]
Sent: Monday, January 1, 2024
To: USCG Retiree & Annuitant Services Branch [ppc-dg-customer@uscg.mil]
Subject: Report of Death

Dear Sir or Madam,

Deceased Persons Information:

1. Employee ID Number or SSN: SSN 987-65-4321
2. Full Name: Doe, John William
3. Date of Death: December 18, 2023
4. Type of Death: (Natural Causes, Homicide, etc.): Heart Attack
5. Location of Death (City & State): Nakhon Nowhere, Thailand
6. Type of Burial (Buried/Cremated/Sea Burial): Cremated
7. Location of Burial (City & State): Nakhon Nowhere, Thailand

Reporting Person Information:

1. Name: Doe, Maleewan (NMI)
2. Relationship to Deceased: Unremarried Surviving Spouse
3. Phone: +66-77-777-7777
4. Email: survivor_doe@fakemail.com
5. Mailing Address:

38/83 Moo 6, Ling Rd.
Tepprasit, Muang
Nakhon Nowhere 12345 Thailand

[OR]

[P.O. Box]

I will email a copy of the Consular Report of Death of a US Citizen Abroad (DS-2060) (or Thai Death Certificate with “Certified True” English translation) when issued.

Please let me know if you require additional information. Thank you.

Sincerely,

Maleewan (NMI) Doe
(Unremarried Surviving Spouse)

Tel: +66-77-777-7777
Email: survivor_doe@fakemail.com

(Contains Privacy Act Information)

*** Report of Death ***

SECTION - C

Commercial Insurance - Life/Accident/Travel/Health

Action:	Report Death of a Policy Holder.
Form:	Example Letter Next Page [or] Form Attached to Policy.
Web:	N/A
Address:	In the Policy.
Documents:	(1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060). (Or: Thai Death Certificate with “Certified True” English translation.) (2) Additional Info as specified by the Insurer after Reporting Policy-Holder’s Death.

-
1. **Life Insurance.** Request instructions and form(s) to claim proceeds. (Some policies have forms included.)
 2. **Accident/Travel Insurance.** Request instructions and form(s) to file a claim for unreimbursed medical expenses. Also request instructions and form(s) to claim proceeds if there is a payable on death benefit. (Some policies have forms included.)
 3. **Note:** Too many times an insurance policy/document found in the decedent’s records has lapsed.
 4. **Health Insurance.** Request instructions and form(s) to file a claim for unreimbursed medical expenses.

January 1, 2024

MEMORANDUM FOR XYZ Insurance Corporation
1234 Main St.
Anytown, USA 12345

EXAMPLE

FROM: Mrs. Maleewan (NMI) Doe
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Teprapit, Muang
Nakhon Nowhere 12345 Thailand

SUBJECT: Death of Life/Accident/Travel/Health Insurance Policy Holder; Doe, John W.;
SSN 987-65-4321

Ref: Doe, John W.; SSN 987-65-4321
Insurance Policy Type: Life/Accident/Travel/Health
Insurance Policy No 9876543

Dear Sir or Madam,

1. I am the surviving spouse of John W. Doe who died on December 18, 2023 (encl 1).
 2. Information on the policy names me the beneficiary (encl 3).
 3. Enclosed is the completed and signed claim form that was with the policy (encl 2).
- [OR]
3. Please send me the forms and information needed to submit my claim. Thank you.

Sincerely,

Maleewan (NMI) Doe
(Unremarried Surviving Spouse)

Tel: +66-77-777-7777
Email: survivor_doe@fakemail.com

(3) Encl

1. Department of State - Consular Report of Death of a US Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with "Certified True" English translation.
2. Claim Form.
3. Photocopy of Policy Pages.

*** Report of Death ***

SECTION - C

**Financial Institutions
(Incl. Bank Receiving Direct Deposit)**

Action:	Report Death of Account Holder.
Form:	Example Letter Next Page.
Web:	N/A
Address:	On the Financial Account Statement or Backside of Credit/Debit Card.
Documents:	(1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060). (Or: Thai Death Certificate with “Certified True” English translation.) (2) Photocopy of Statement or Debit/Credit Card.

-
1. Immediate action is needed to freeze or close the account, even if it’s joint, and request it to be activated by the survivor.
 2. The survivor should not commit to providing any information other than what’s minimally needed to report the death and request disposition of the account.
 3. To help prevent “Deceased Identity Theft” (aka “[Ghosting Scam](#)”) also notify the three major US credit reporting agencies: Equifax, Experian and Trans Union (see page [C-31](#)).
 4. Bank Receiving Direct Deposit. Notify the receiving bank of the account holder’s death. Instruct the bank to return to the benefit source any direct deposits made after death (i.e., overpayment). It will be necessary for the receiving bank to return any/all overpaid funds. Moreover, the benefit provider will delay any potential survivor benefit payments until payments made after the death of the beneficiary are returned.

Notes:

- 1) Look for the depositing of annuities via direct deposit in the account. Look for premium payments to insurance policies, investment accounts, retirement accounts, etc.
- 2) If an account statement is found, but no credit/debit card found, the possibility exists the card is being used illegally.

January 1, 2024

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

EXAMPLE

FROM: Mrs. Maleewan (NMI) Doe
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Teprasisit, Muang
Nakhon Nowhere 12345 Thailand

SUBJECT: Death of Bank Account Holder; Doe, John W.; SSN 987-65-4321

Ref: Doe, John W. SSN 987-65-4321
Doe, Maleewan (NMI) ITIN 123-45-6789 (SSN or ITIN) [If Joint Account]
Account #0987654321

1. I am the surviving spouse of John W. Doe who died on December 18, 2023 (encl 1).
2. The enclosed statement (encl 2) has the information on [his / our] account.
3. The account has been receiving direct deposit payments (via US domestic ACH) from the Social Security Administration, Defense Finance and Accounting Service, and the Department of Veterans Affairs. Any direct deposit payments received after the date of his death will be returned to source.
4. Please close the account and inform me of any required actions needed to settle it, including sending me any applicable forms and instructions. Thank you.
[OR]
4. 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. Thank you.
5. 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. Maleewan (NMI) Doe
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Teprasisit, Muang
Nakhon Nowhere 12345 Thailand

Sincerely,

Maleewan (NMI) Doe
(Unremarried Surviving Spouse)

Tel: +66-77-777-7777
Email: survivor_doe@fakemail.com

(2) Encl

1. Department of State - Consular Report of Death of a US Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with "Certified True" English translation.
2. Photocopy of latest Bank Account Statement.

*** Report of Death ***

SECTION - C

Digital Assets Accounts

Action:	Report Death of a Digital Asset Account Holder.
Form:	Example Letter Next Page.
Web:	N/A
Address:	The “Cryptocurrency Exchange” and/or “Staking Platform” Being Used.
Documents:	(1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060). (Or: Thai Death Certificate with “Certified True” English translation.) (2) As Requested by a Cryptocurrency Exchange or Staking Platform.

1. What may have initially been viewed as a lark or passing fad, is now a trillion-dollar global industry that continues to grow and expand at a rapid pace.
2. The digital assets lexicon also continues to grow and expand. Pertaining to a decedent’s potential digital assets, the lexicon unique to digital assets may take some time to sort through. For example, are the digital assets stored on an “Exchange”? Are they being staked on a “Staking Platform”? Does the decedent have a “Crypto Credit Card”?
3. If the decedent’s digital assets are stored in an offline wallet (aka cold wallet), hopefully, he/she gave detailed and precise instructions to their NOK on how to transfer those assets back onto an Exchange so they can then be sold and the resultant fiat currency (US dollar, Thai Baht, etc.) be withdrawn to a designated bank account (if that is the intent).
4. Don’t close an Exchange account until all known digital assets are accounted for and the asset disposition is determined and finalized.
5. Lastly, “Exchanges” typically don’t provide a beneficiary or Payable on Death function. If the disposition of any/all digital assets is not clearly detailed in a Last Will and Testament, Exchanges typically will use the legal order of precedence.

January 1, 2024

MEMORANDUM FOR Digital Asset Exchange
1234 Spending Way
Anytown, USA 12345

EXAMPLE

FROM: Mrs. Maleewan (NMI) Doe
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Teprasisit, Muang
Nakhon Nowhere 12345 Thailand

SUBJECT: Death of Digital Asset Account Holder; Doe, John W.; SSN 987-65-4321

Ref: Doe, John W.; SSN 987-65-4321; Account #xxxxxxxxxxxxxx

Dear Sir or Madam,

1. I am the surviving spouse of John W. Doe who died on December 18, 2023 (encl 1).
2. The enclosed screenshot (encl 2) has the information on his 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. Thank you.
[OR]
3. Please close the account and inform me of any required actions needed to settle it, including sending me any applicable forms and instructions. Thank you.

Sincerely,

Maleewan (NMI) Doe
(Unremarried Surviving Spouse)

Tel: +66-77-777-7777
Email: survivor_doe@fakemail.com

(2) Encl

1. Department of State - Consular Report of Death of a US Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with "Certified True" English translation.
2. Screenshot of Exchange Account.

*** Report of Death ***

SECTION - C

Credit Cards & Other Debt

- Action:** Report Death of a Credit Card Account Holder and/or Other Debt.
- Form:** Example Letter Next Page.
- Web:** N/A
- Address:** (1) On the Financial Account Statement or Backside of Credit Card.
(2) Three Major US Credit Reporting Agencies [30] [31] [32].
- Documents:** (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with “Certified True” English translation.)
(2) Photocopy of Statement or Card.
-

1. Immediate action is needed to close (or suspend) the account, even if it’s joint. If the survivor needs a new credit card account with the same institution, request it.
2. Do not commit the NOK to any action or provide any information she/he may know about such as a credit or debit balance in the account. The NOK should not commit to providing any information other than what’s minimally needed to report the death and request instructions for account disposition, as required.
3. Note: If an account statement is found, but no card found, the possibility exists the card is being used illegally.
4. ***Important***. Immediately close all online and offline accounts that have the decedent’s credit card information on-file!
5. To help prevent “Deceased Identity Theft” (aka “[Ghosting Scam](#)”) also notify the three major US credit reporting agencies: Equifax, Experian and Trans Union.

January 1, 2024

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

EXAMPLE

FROM: Mrs. Maleewan (NMI) Doe
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Teprasit, Muang
Nakhon Nowhere 12345 Thailand

SUBJECT: Death of Credit Card Holder; Doe, John W.; SSN 987-65-4321

Ref: Doe, John W. SSN 987-65-4321
Doe, Maleewan (NMI) ITIN 123-45-6789 (SSN or ITIN) [If Joint Account]
Account #0987654321

Dear Sir or Madam,

1. I am the surviving spouse of John W. Doe who died on December 18, 2023 (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.

[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. Thank you.

[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. Thank you.

Sincerely,

Maleewan (NMI) Doe
(Unremarried Surviving Spouse)

Tel: +66-77-777-7777
Email: survivor_doe@fakemail.com

(2) Encl

1. Department of State - Consular Report of Death of a US Citizen Abroad (DS-2060).

[OR] Thai Death Certificate with "Certified True" English translation.

2. Photocopy of latest Credit Card Statement.

*** Report of Death ***

SECTION - C

Credit Reporting Agencies

Action:	Report Death of an Individual.
Form:	Example Letter Next Page.
Web:	N/A
Address:	Three Major US Credit Reporting Agencies [30] [31] [32].
Documents:	DoS Consular Report of Death of a US Citizen Abroad (DS-2060). (<u>Or</u> : Thai Death Certificate with “Certified True” English translation.)

1. To help prevent “Deceased Identity Theft” (aka “[Ghosting Scam](#)”) notify the three major US credit reporting agencies: Equifax, Experian and Trans Union.
2. Include the following statement in the report of death to the three aforementioned credit reporting agencies: “Please annotate his/her record with “Do Not Issue Any New Credit”.

EXAMPLE

January 1, 2024

MEMORANDUM FOR:

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

Experian
P.O. Box 9701
Allen, TX 75013

Transunion
P.O. Box 6790
Fullerton, CA 92834

FROM: Mrs. Maleewan (NMI) Doe
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Teprasit, Muang
Nakhon Nowhere 12345 Thailand

SUBJECT: Death of Doe, John W.; SSN 987-65-4321

Dear Sir or Madam,

1. Reference:

- Name (Last, First, Middle): Doe, John William
- SSN: 987-65-4321
- Date and Place of Birth: August 12, 1946; Anytown, Nebraska
- Date and Place of Death: December 18, 2023, Nakhon Nowhere, Thailand
- Next-of-Kin:

Mrs. Maleewan (NMI) Doe (Widow)
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Teprasit, Muang
Nakhon Nowhere 12345 Thailand

2. I am the surviving spouse of John W. Doe who passed away on December 18, 2023 (encl 1). Please annotate my deceased husband's credit record accordingly and please also annotate his record with "Do Not Issue Any New Credit".

3. Please let me know if you require additional information. Thank you.

Sincerely,

Maleewan (NMI) Doe
(Unremarried Surviving Spouse)

Tel: +66-77-777-7777
Email: survivor_doe@fakemail.com

(1) Encl

Department of State - Consular Report of Death of a US Citizen Abroad (DS-2060).

[OR] Thai Death Certificate with "Certified True" English translation.

*** Report of Death ***

SECTION - C

State Driver's License or State ID

Action:	Report Death of a State Driver's License (or State ID) Holder.
Form:	Example Letter Next Page.
Web:	Issuing State.
Address:	Issuing State Department of Public Safety or Department of Motor Vehicles.
Documents:	(1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060). (Or: Thai Death Certificate with "Certified True" English translation.) (2) Photocopy of <State> Driver's License (or State ID).

1. Driver's License information is the Holy Grail entry key to Identity Theft. Immediately notify the applicable State Department of Public Safety or Department of Motor Vehicles.
2. Some individuals have a State-issued ID card instead of a driver's license.
3. The next-of-kin should not commit to providing any information other than what's minimally needed to report the death of the license (or ID) holder.
4. To help prevent "Deceased Identity Theft" (aka "[Ghosting Scam](#)") also notify the three major US credit reporting agencies: Equifax, Experian and Trans Union (see page [C-31](#)).

January 1, 2024

MEMORANDUM FOR Department of Motor Vehicles [or State ID Card Address]
4321 Driving Way
Anytown, USA 12345

EXAMPLE

FROM: Mrs. Maleewan (NMI) Doe
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Teprasit, Muang
Nakhon Nowhere 12345 Thailand

SUBJECT: Death of Doe, John W.; Driver's License # xxxxxxxxx [or <State> ID Card]
[OR] SSN 987-65-4321

Dear Sir or Madam,

I am the surviving spouse of John W. Doe who passed away on December 18, 2023 (encl 1). Please cancel my deceased husband's <State> driver's license [or <State> ID card]. Thank you.

Sincerely,

Maleewan (NMI) Doe
(Unremarried Surviving Spouse)

Tel: +66-77-777-7777
Email: survivor_doe@fakemail.com

(2) Encl

1. Department of State - Consular Report of Death of a US Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with "Certified True" English translation.
2. Photocopy of <State> Driver's License [or <State> ID card].

*** Report of Death ***

SECTION - C

Associations & Organizations

Action:	Report Death of a Member.
Form:	Example Letter Next Page.
Web:	N/A
Address:	In the Policy.
Documents:	(1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060). (Or: Thai Death Certificate with “Certified True” English translation.) (2) Additional Info as specified by the Association/Organization after Reporting Policy-Holder’s Death.

1. If the deceased is receiving an association/organization magazine, information on the address label often includes a membership or account number. There may also be a membership card in the decedent’s papers. Include that membership information in the Report of Death letter.

2. In the letter to the association/organization, also request information on possible benefits to survivors, and if there are, how to claim.

January 1, 2024

MEMORANDUM FOR XYZ Association
1234 Main St.
Anytown, USA 12345

EXAMPLE

FROM: Mrs. Maleewan (NMI) Doe
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Teprasit, Muang
Nakhon Nowhere 12345 Thailand

SUBJECT: Death of Member; Doe, John W.; Membership #9876543

Dear Sir or Madam,

1. I am the surviving spouse of John W. Doe who died on December 18, 2023 (encl 1).
2. Please close John's membership account and kindly inform me if I am eligible for any survivor benefits your Association may provide (and how to claim). Thank you.

Sincerely,

Maleewan (NMI) Doe
(Unremarried Surviving Spouse)

Tel: +66-77-777-7777
Email: survivor_doe@fakemail.com

Encl
Department of State - Consular Report of Death of a US Citizen Abroad (DS-2060).
[OR] Thai Death Certificate with "Certified True" English translation.

* Social Security Administration (SSA) *

SECTION - D

Introduction

1. **General.** Some Social Security (SS) cases are very complex (especially adoptions outside of the US) and can take a long time to adjudicate. This guide covers basic entitlement and basic eligibility.
2. **Terminology.** The deceased is known by Social Security (SS) as the “**Number Holder**”, “**Wage Earner**” or “**Worker**”. The widow(er) is known as the “**Applicant**” or “**Claimant**”.
3. **Entitlement.** Today, most US citizens are entitled workers due to being employed and paying the Federal Insurance Contributions Act (FICA) Tax to SSA for the mandatory forty periods (ten years total). Therefore, presume the surviving spouse has ‘entitlement’ (as defined by public law).
4. **Lump-Sum Death Payment.** Is \$255 and is paid to a spouse or child with no restriction on age, citizenship or residency. It is not taxed as income. Always apply.
5. **Eligibility.** Presuming the decedent was age 62+, or receiving SS Disability Insurance (SSDI) under age 62, the decedent should have applied for benefits for his/her spouse and children if/when they had eligibility. It’s not unusual to find a widow(er) and/or surviving children with SS payment eligibility, and the wage earner never applied. Help them to apply. Biological children of US citizens (proven by DNA testing when necessary) are US citizens, and therefore, can be paid SS benefits in Thailand (see page [D-6](#) *Child’s Payee*). If the widow(er) is a US citizen, he/she can also be paid in Thailand. Resident alien widow(er)s residing in the US can typically be paid SS benefits.
6. **Five-Year Residency Test.** (See para. 15, next page.) The test is one of the Alien Nonpayment Provisions (ANP). If the widow(er) is a nonresident alien (i.e., not a US citizen) and resides in Thailand, they *may* be eligible for benefits. HOWEVER, they will not be paid unless they meet the “five-year residency test,” whereby they lived in the US (on an immigrant visa) with the worker for an aggregate total of at least five years (based on a family relationship). There are nine exceptions to ANP. The two most common exceptions seen in Thailand are: 1) Applicant was initially eligible for monthly benefits before January 1, 1985, or; 2) Applicant is entitled on the record of a worker who died while in the US military service or as a result of a service-connected disease or injury.
7. **Applying for Benefits.** Apply ASAP after the worker’s death so as not to potentially lose months or /years’ worth of benefits (filing date affects an applicant’s month of payment eligibility). When claiming SS survivor benefits, in many cases a claim form is no longer needed. If unable to apply online, [send an inquiry to FBU Manila](#) clearly stating you are claiming benefits. FBU Manila will stipulate what [information](#) is required, deadline for submission and schedule a telephone interview.
8. **Example Forms.** Social Security sometimes requires one or more forms to be completed. To that end, certain example forms are provided at appendices [1-5](#) (including SSA-9 - Listing of Proofs).
9. **Social Security Number (SSN).** A Thai citizen spouse of a worker may need an SSN to receive benefits. Children of a US citizen do need an SSN – use [Form SS-5-FS](#) with the mother as applicant.
10. **Consular Report of Birth of a US Citizen Abroad (CRBA).** If there has never been a [CRBA](#) issued for the child and the child is under age 18, have the mother contact ACS (Bangkok or Chiang Mai) to apply. The child also needs a [US passport](#).

11. **Telephone Interview.** FBU Manila will usually schedule a telephone interview. They will also provide Thai translation assistance during the interview when requested in advance by the applicant.

12. **Document Certification.** [FBU Manila](#) will mail a list of required documents to the applicant. SSA requires all photocopies of documents to be certified. The Consular Section (ACS) [1] or [2] [certifies](#) those photocopied documents without a fee. ACS needs the requirements letter from FBU Manila along with the original documents. When completed, ACS will return the original documents to the applicant for safe keeping. It's then the applicant's responsibility to mail the *certified* copies to FBU Manila (FBU Manila recommends using a reliable International Express Mail Service). Note: All original documents in Thai language require certified English translation. Conversely, SSA no longer requires Royal Thai Government legalization of Thai documents.

13. **US Military Service & Social Security.** Earnings for active duty military service or active duty training have been covered under Social Security since 1957. If a Veteran served in the military before 1957, they didn't pay Social Security taxes, but SSA gave them special credit for some of their service. (<https://www.ssa.gov/pubs/EN-05-10017.pdf>)

14. **Adoption Cases.** The rules vary depending on whether the child being adopted is the worker's natural child, stepchild, or a child of another couple, and if the worker is already receiving benefits prior to adoption. Please [contact](#) FBU Manila directly for adoption cases.

15. **Spouse & Survivor Information.**

- [Benefits For Your Spouse](#)
- [Can noncitizens living outside the US receive Social Security benefits?](#)
- [Your Payments While You Are Outside the United States](#)
- [If You Are the Survivor](#)
- [Who can get Social Security survivors benefits and how do I apply?](#)
- [Who can get a Lump-Sum death benefit \(\\$255\)?](#)
- [Alien Nonpayment Provisions \(ANP\)](#)
- [Exceptions to Alien Nonpayment](#)
- [5-Year Residency Requirement for Alien Dependents/Survivors Outside the US](#)
- [Establishing the 5-Year Residency Requirement](#)

16. **Always Apply for Benefits.** While the information linked above provides a *general* idea about benefits payment eligibility, a survivor should always file a claim for benefits and let Social Security determine payment eligibility. Remember, "entitlement" and "eligibility" are separate issues. Benefits providers decide payment eligibility. Please also remember that *Alien Nonpayment* may prevent monthly benefits payment. Social Security award letters that deny benefits payment due to ANP principally state: *"You are entitled to benefits under the law. However, we cannot pay you."*

17. **Foreign Enforcement Program (FEP).** The [FEP](#) is one of the integrity measures used by SSA to verify the existence and identity of beneficiaries living outside the US. A [Foreign Enforcement Questionnaire \(FEQ\)](#) is mailed to beneficiaries or representative payees in May/June of each year (biennially to APO/FPO addresses). Per FBU Manila, forms should not be submitted to the Embassy, Consulate or FBU Manila because they are barcoded and are handled through an automated process in the US. A follow-up letter is mailed in September if the form has not been received in the US. If the form is not received by the first week in January of the following year, benefits are suspended effective with the February 3 payment ([Follow-ups and Suspensions](#)).

18. **Taxation.** [Taxable](#). The [Thai-US Tax Treaty](#) (Article 20) does not exempt nonresident aliens.

* Social Security Administration (SSA) *

SECTION - D

Lump-Sum Death Payment

- Action:** Apply for Lump-Sum Death Benefit (NOK of an SSA-Eligible Worker).
- Form:** (1) FBU Inquiry Form: <https://ph.usembassy.gov/services/fbu-inquiry-form> (Inquiry Reason: “Apply for Social Security Benefits”).
 (2) Note: FBU Manila may also ask for one or both of these forms:
 · [SSA-8](#) - Lump-Sum Death Payment.
 · [SSA-21](#) - Supplement to Claim of Person Outside the US.
- Web:** (1) <https://www.ssa.gov/forms/ssa-8.html> (Info Needed for Lump-Sum Payment)
 (2) <https://ph.usembassy.gov/services/social-security/> (FBU Manila)
- Address:** Federal Benefits Unit (FBU), US Embassy, Manila, PI [38].
- Documents:** (1) See the SSA Introduction on page [D-1](#) and [SSA-9 Listing of Proofs](#).
Note: If no Birth Certificate, visit [Amphoe](#) at Place of Birth, or contact Thai Census Registration in Bangkok [40].
 (2) DD-214 or Equivalent Military Service Record; Certified. (If you, the applicant, had military service before 1968.)

>> Visit weblinks for comprehensive information on the Lump-Sum Death Payment.

1. With very few exceptions, the deceased wage earner is SSA-entitled. A one-time lump-sum death payment of \$255 can be paid to the surviving spouse if they were living with the deceased. If living apart and they were receiving certain Social Security benefits on the deceased’s record, they may be eligible for the lump-sum death payment. If there is no surviving spouse, the payment is made to a child who is eligible for benefits on the deceased’s record in the month of death. (Note: By applying for this payment, the applicant also applies for all SSA benefits for which they may be 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 typically required.
5. The applicant does not have to be age 60 to apply, however, SSA requests official government documentation to prove **Date of Birth**.

* Social Security Administration (SSA) *

SECTION - D

Surviving Spouse's SSA Insurance Benefits

- Action:** Apply for SSA Survivor Benefits for Surviving Spouse of an SSA-Eligible Worker. Surviving Spouse: Age 60 and Up (Age 50 and up, if disabled).
- Form:**
- (1) [FBU Online Inquiry](#) (Select: "Apply for Social Security Benefits").
 - (2) Note: FBU Manila may also ask for one or both of these forms:
 - [SSA-10](#) - Application for Widow's/Widower's SSA Insurance Benefits.
 - [SSA-21](#) - Supplement to Claim of Person Outside the United States.
- Web:**
- (1) <https://www.ssa.gov/benefits/survivors/> (Survivor Benefits)
 - (2) <https://www.ssa.gov/pubs/EN-05-10084.pdf> (Survivor Benefits)
 - (3) <https://www.ssa.gov/pubs/EN-05-10127.pdf> (Every Woman Should Know)
 - (4) <https://www.ssa.gov/forms/ssa-10.html> (Information Needed to Apply)
- Address:** Federal Benefits Unit (FBU), US Embassy, Manila, PI [38].
- Documents:**
- (1) See the SSA Introduction on page [D-1](#) and [SSA-9 Listing of Proofs](#).
Note: If no Birth Certificate, visit [Amphoe](#) at Place of Birth, or contact Thai Census Registration in Bangkok [40].
 - (2) DD-214 or Equivalent Military Service Record; Certified. (If you, the applicant, had military service before 1968.)

>> Visit weblinks for comprehensive information on Surviving Spouse Benefits.

1. Apply at age 60 (age 50, if disabled). Widow(er)s who previously worked in the US may also be eligible to receive SS based on their own earnings record. If this is the case, the widow(er) may apply at age 62 (based on their own earnings record).
2. A widow(er) who has not remarried can receive survivor's benefits at any age if she or he takes care of your child who is under age 16, or is disabled and receives benefits on your record.
3. See the SSA Introduction on page [D-1](#) for information on the applicant's citizenship and on the following extract from the SSA pamphlet for information on **Additional Residency Requirements:** <https://www.ssa.gov/pubs/EN-05-10137.pdf> (see page 9).
4. If it's a possibility the survivor may travel to reside in the US, file. Eligibility for SS benefits will result in the widow(er) being paid as a US resident after the first full month of residency in the US.
5. For a nonresident alien Thai citizen, SSA benefits are taxed at an effective rate of 25.5% and the tax is nonrefundable. For a US citizen or resident alien, it's possible SSA benefits are taxable if there is additional income (https://www.ssa.gov/OP_Home/handbook/handbook.01/handbook-0125.html).
6. **Important Note for Veterans:** VA Survivors Pension (SP) (page [H-6](#)) is "Offset Dollar-for-Dollar" by Social Security (SS) and other income: <https://www.va.gov/pension/survivors-pension-rates/>. The SS "Gross" benefit amount prior to tax reduction is the amount that offsets VA SP. If the SS net amount is less than the VA SP amount, the surviving spouse **should not apply** for SS.

* Social Security Administration (SSA) *

SECTION - D

Child's Social Security Insurance Benefits

- Action:** Apply for Social Security Child's Benefits (Child of an SSA-Eligible Worker).
- Form:**
- (1) [FBU Online Inquiry](#) (Select: "Apply for Social Security Benefits").
 - (2) Note: FBU Manila may also ask for one or both of these forms:
 - [SSA-4-BK](#) - Application for Childs Insurance Benefits
 - [SSA-21](#) - Supplement to Claim of Person Outside of United States.
 - (3) [SSA-11-BK](#) - Request to be Selected as Payee. (See next page.)
- Web:**
- (1) <https://www.ssa.gov/forms/ssa-4.html> (Info Needed for Child's Benefits)
 - (2) <https://www.ssa.gov/pubs/EN-05-10085.pdf> (Benefits for Children)
 - (3) <https://www.ssa.gov/pubs/EN-05-10137.pdf> (Payments Outside the US)
 - (4) <https://th.usembassy.gov/u-s-citizen-services/child-family-matters/report-the-overseas-birth-of-a-u-s-citizen-child/> (Report of Birth Abroad)
- Address:** Federal Benefits Unit (FBU), US Embassy, Manila, PI [38].
- Documents:** Child's Certified Birth Document (with "Certified True" English translation, if in Thai) showing Social Security-Eligible Parent; with additional documentation for a Child's Parent.

>> Visit weblinks for comprehensive information on Child Benefits.

1. Child benefits normally are for under age 18 – see Web (1) and (2) above for exceptions.
2. Adoptions Outside the United States. "A child who has not lived in the United States for five years can meet the five-year residency requirement if the parent who is the worker, and the other parent, have both lived in the United States for five years. However, we will not pay children adopted outside the United States while they reside outside the United States, even if the child meets the residency requirement." Source: <https://www.ssa.gov/pubs/EN-05-10137.pdf>.
3. This application is normally mailed with the mother's/father's application for Social Security (SS) benefits, even if it's only for the SSA Lump-Sum. The mother/father is the applicant and almost all of the supporting documents are with the mother's/father'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 (under age 19 if still in High School) they may still apply. Hopefully, the mother/father obtained a Social Security Number for the child; if not, the surviving parent must do so now (see page [D-7](#)).
4. Also 'Request to be Selected as Representative Payee' (SSA-11-BK). The child's mother/father needn't be the person selected as payee, but the mother/father typically is the payee. The mother/father needn't be receiving SS payments, only be entitled to receive them.
5. Taxation. The worker's biological child is a US citizen and usually there is no IRS tax to pay, but a child's benefits may sometimes be [taxed](#).

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

SECTION - D

Request to be Selected as Child's Representative Payee

- Action:** Guardian of a US Citizen Child of a Deceased Worker.
- Form:** [SSA-11-BK](#) - Request to be Selected as Representative Payee.
- Web:** <https://www.ssa.gov/payee/>
- Address:** Federal Benefits Unit (FBU), US Embassy, Manila, PI [38].
- Documents:**
- (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with "Certified True" English translation.)
 - (2) Relationship of the Representative Payee Applicant to the Worker.
 - (3) Relationship of Child to the Representative Payee Applicant.
 - (4) DD-214 or Equivalent Military Service Record; Certified. (If deceased worker was in the active military service before 1968.)

>> Visit weblinks for comprehensive information on Child's Representative Payee.

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

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

SECTION - D

Social Security Number (SSN)

- Action:** (1) US Citizen Survivor with No Social Security Number.
(2) Non-US Citizen Survivor needing a Social Security Number.
- Form:** [SS-5-FS](#) - Application for a Social Security Card.
- Web:** (1) <https://www.ssa.gov/number-card> (Social Security Number and Card)
(2) <https://www.ssa.gov/pubs/EN-05-10096.pdf> (SSN for Non-Citizens)
- Address:** Federal Benefits Unit (FBU), US Embassy, Manila, PI [38].
- Documents:** Evidence of: Age and Identity, and US Citizenship or Immigration Status.
(See pages 2 and 3 of application form SS-5-FS.)
Note: If no Birth Certificate, visit [Amphoe](#) at Place of Birth, or visit Thai Census Registration in Bangkok [40].

>> Visit weblinks for comprehensive information on Social Security Numbers.

1. The US citizen parent of a child should have applied, however, some neglect to do so. This means the surviving parent needs to apply.
2. What if I need a number for reasons other than work? If you are not authorized by the Department of Homeland Security to work in the United States, you can get an SSN only if you can prove you need it for a valid nonwork reason. Government Benefits or Services: If you do not have permission to work, you may apply for an SSN only if one of the following applies: 1) A federal law requires you to provide your SSN to get a particular benefit or service, or; 2) A state or local law requires you to provide your SSN to get general assistance benefits for which you already have qualified. Source: <https://www.ssa.gov/pubs/EN-05-10096.pdf>.

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

SECTION - D

Claimant's Appointment of a Representative

- Action:** Individual Appointed as the Claimant's Representative.
- Form:** [SSA-1696](#) - Claimant's Appointment of a Representative.
- Web:** <https://www.ssa.gov/representation/>
- Address:** Federal Benefits Unit (FBU), US Embassy, Manila, PI [38].
- Documents:** As Requested by Social Security.
-

>> **Visit weblink for comprehensive information on a Claimant's Appt. of a Representative.**

1. **Important!** This page is **not** for a "Representative Payee" (see page [D-12](#)).
2. A claimant may appoint a qualified individual to represent him or her in doing business with Social Security. The appointment must be in writing and must be filed with Social Security.
3. If the claimant appoints a representative, the representative generally cannot charge or collect a fee for those services without first getting written approval from the Social Security Administration, even if the claim is denied. To get this approval, the representative must use one of [Social Security's fee authorization processes](#).
4. Appointment of a Representative is very helpful when the claimant has travel challenges.

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

SECTION - D

Enrollment in Medicare Part B

- Action:** For a Widow(er) Eligible for Premium-Free Medicare Part A (usually at age 65).
- Form:** (1) [FBU Online Inquiry](#) (Select: “All Other Requests”, and then write “Enroll in Medicare Part B”).
 (2) [CMS-40B](#) - Application for Enrollment in Medicare.
 (3) [SSA-10](#) & [SSA-21](#) may also be required by SSA (see “Documents” below).
- Web:** (1) <https://www.ssa.gov/medicare/>
 (2) <https://www.medicare.gov/>
 (3) <https://www.medicare.gov/Pubs/pdf/10050-Medicare-and-You.pdf>
- Address:** Federal Benefits Unit (FBU), US Embassy, Manila, PI [38] (Part B Enrollment).
- Documents:** (1) If Receiving SSA Payments: None.
 (2) If Not Receiving SSA Payments, Must Apply for SSA Benefits as a Widow(er). See page [D-4](#) for Applying.

>> Visit weblinks for comprehensive information on Medicare Part B.

1. Even though Medicare generally doesn't cover care outside the US and its Territories, a US health benefits/insurance provider may require Medicare Part B enrollment in order to retain coverage.

· **Example:** For eligible beneficiaries to continue coverage under CHAMPVA (page [H-14](#)) or TRICARE (page [I-12](#)), each program requires Medicare Part B enrollment at age 65 (or earlier due to certain disabilities, end-stage renal disease at any age, Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's disease), or mesothelioma).

2. The monthly Medicare Part B standard enrollment premium for most new enrollees during 2024 is \$174.70. (Actual premium may be higher, based on [income](#).)

· Medicare Costs: <https://www.medicare.gov/basics/costs/medicare-costs>.

3. Medicare Part B enrollment is processed by the Social Security Administration. For applicants residing in Thailand, FBU Manila will assist. FBU Manila is the regional Social Security field office.

4. Enroll 90 days prior to applicant's 65th Birthday; or 120 days if birthday is on the 1st of the month. Enroll by telephone or by submitting form [CMS-40B](#). You may also email FBU Manila ([FBU Online Inquiry](#)) and tell them you want to apply. FBU Manila will then advise you accordingly.

5. Enrollment Periods: <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>.

6. Initial Enrollment Period. Most individuals become eligible for premium-free Medicare Part A at age 65 – this includes the surviving spouse of a Social Security (SS)-eligible worker. For someone wishing to enroll in Medicare Part B, in order to avoid the Medicare Part B surcharge for late enrollment, they must enroll in Part B during their Medicare Initial Enrollment Period (seven-month period that begins three months before they turn 65, or four months if their birthday is on the first of the month).
7. General Enrollment Period. Widow(er)s over age 65 and not enrolled in Medicare Part B can enroll during the annual General Enrollment Period of January, February and March each year (Medicare Part B coverage becomes effective the month after enrollment).
8. Late Enrollment. For every 12-month period beyond an individual's Medicare Part B Initial Enrollment Period (based on their 65th birthday, or earlier due to certain disabilities, end-stage renal disease at any age, Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's disease), or mesothelioma), that they wait before they enroll, they incur a 10% surcharge that's added to the monthly premium (for life).
9. Widow(er)s age 65 and up (or earlier, as described in paragraph 8 above) that are receiving Social Security payments normally have Medicare Part B premiums deducted from their monthly SS payments. However, widow(er)s age 65 and up (or earlier, as described in paragraph 8 above) not receiving SS payments, and enrolled in Medicare Part B, pay premiums out of their own pocket (in Thailand, typically by credit or debit card, or bank check).
10. The possibility also exists that the Medicare Part B premiums for the spouse were being deducted from the eligible worker's SS payments (Retirement or Disability) or Railroad Retirement Board (RRB) benefits. This requires the premiums now be deducted from the survivor's SS payments (if eligible to be paid), or she/he makes arrangements to pay out-of-pocket (Medicare normally will mail a quarterly invoice).
11. The Regional Social Security Field Office, FBU Manila, helpfully answers Medicare Part B enrollment questions: <https://ph.usembassy.gov/services/social-security/>.

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

SECTION - D

Advance Designation of Representative Payee

- Action:** Advance Designation of Representative Payee (Fiduciary).
- Form:** SSA-4547 - Advance Designation of Representative Payee
(Request blank form from FBU Manila; it's unavailable online.)
- Web:** (1) https://www.ssa.gov/payee/advance_designation.htm
(2) <https://secure.ssa.gov/poms.nsf/lnx/0200502085> (Advance Designation)
- Address:** Federal Benefits Unit (FBU), US Embassy, Manila, PI [38].
- Documents:** As Requested by Social Security.

>> Visit weblinks for comprehensive information on Advance Designation of Representative Payee.

1. What is Advance Designation? Advance Designation allows capable adults and emancipated minors, who are applying for or receiving benefits to choose up to 3 individuals to manage your benefits should the need arise. You may not designate an organization to be an advance designee. You may submit or update advance designations through your personal *my_Social Security* account, by telephone, or in person. Source: <https://faq.ssa.gov/en-us/Topic/article/KA-10039>.
2. It is optional, and you can update or withdraw your advance designation at any time. If you choose to participate, Social Security will send you a notice each year listing your advance designees for your review.

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

SECTION - D

Appointment of Representative Payee

- Action:** Individual Appointed by Social Security as Beneficiary's Representative Payee.
- Form:** Contact FBU Manila: [FBU Online Inquiry](#). (Select: "All Other Requests").
- Web:** <https://www.ssa.gov/payee/index.htm>
- Address:** Federal Benefits Unit (FBU), US Embassy, Manila, PI [38].
- Documents:** As Requested by Social Security.
-

>> Visit weblink for comprehensive information on Appointment of a Representative Payee.

1. Social Security's Representative Payment Program provides benefit payment management for beneficiaries who are incapable of managing their Social Security or Supplemental Security Income (SSI) payments.
2. Social Security appoints a suitable representative payee (payee) who manages the payments on behalf of the beneficiaries. Generally, Social Security looks for family or friends to serve as payees. When friends or family members are not able to serve as payees, we look for qualified organizations.
3. **Important! If you are seeking "Claimant's Appointment of a Representative", see p. [D-8](#).**

*** Office of Personnel Management (OPM) ***

SECTION - E

Introduction

1. **General.** At present, most civil service retirees are retired under the Federal Employees Retirement System (FERS). The other system is the Civil Service Retirement System (CSRS).
2. **Retiree.** A retiree is anyone who had been separated from an agency's employment rolls and has met all the requirements for retirement (including having filed an application for retirement benefits). An individual who was eligible for an immediate retirement when the individual separated from Federal service but postponed applying for benefits to avoid an age reduction, is deemed to have applied for retirement beginning the first of the month after death. Benefits due, in this instance, are those based on the death of a retiree.
3. **No Five-Year Residency Test.** Residency status has no bearing on OPM benefits eligibility.
4. **Survivor Benefits.** Both FERS and CSRS provide survivor benefits for spouses and dependent children of employees and retirees. If the employee retired under CSRS, the maximum survivor benefit payable is 55 percent of their unreduced annual benefit. If they retired FERS, the maximum survivor benefit payable is 50 percent of their unreduced annual benefit.
5. **Lump-Sum Benefit.** If a retiree dies, a lump-sum benefit equal to the annuity due the deceased but not paid before death may be payable.
6. **Monthly Survivor Annuity.** May be payable if a retiree who, at retirement, elected to provide it.
7. **Survivor Benefits & Report Death of a Retiree**
<https://www.opm.gov/retirement-center/survivor-benefits/>
8. **Benefits Payable Upon Death of Retiree**
<https://www.opm.gov/retirement-center/survivor-benefits/#url=Retiree-Death>
9. **Report Death of a Civil Service Retiree.** Civil Service retired pay stops upon the death of the retiree. After reporting the death to OPM, OPM will create a claim number for the deceased and send out an "invite packet" to the survivors. This packet will include the following:
 - Application for Death Benefits ([SF-3104](#) FERS or [SF-2800](#) CSRS) with a return pink envelope.
 - [FE-6 - FEGLI Claim for Death Benefits](#) with a return blue envelope.
10. **Application Time Limit.** No later than **30 years** after the death of the retiree.
11. **Timely Claim Decision.** Survivor Annuity claims are clear-cut. Either the retiree acted to enroll their spouse, or they didn't. There is no in-between. OPM typically decides Survivor Annuity claims within 3-4 months.
12. **Taxation.** The Survivor Annuity is tax exempt for nonresident aliens under the [Thai-US Tax Treaty](#). Conversely, the Survivor Annuity is taxable for resident aliens and US citizens. See pages [E-2](#) and [E-3](#) for the steps necessary for a nonresident alien to request tax exemption and a tax refund.

*** Office of Personnel Management (OPM) ***

SECTION - E

**Federal Employees Retirement System (FERS)
&
Civil Service Retirement System (CSRS)**

Action: Surviving Spouse Apply for Survivor Benefits.

Form:

- (1) [SF-3104](#) - Application for Death Benefits (FERS).
- (2) [SF-2800](#) - Application for Death Benefits (CSRS).
- (3) [IRS W-8BEN](#) - Foreign Status for Tax Withholding. ([Instructions](#)) ([Example](#))
· Note: Use IRS W-8BEN to claim a Thai-US Tax Treaty benefit.
(See #5 immediately below for Line 5 & 6 info.)
· Important: If Claimant is a US Citizen or Resident Alien DO NOT USE.
- (4) [IRS W-7](#) - Application for [Individual Taxpayer Identification Number](#) (ITIN) ([Instructions](#)) If you don't have a Social Security Number (SSN), ITIN or Foreign TIN, and are ineligible for an SSN, apply for an ITIN – usually takes 4-6 weeks to get an ITIN. See page [L-4](#) for additional ITIN information.

Web:

- (1) <https://www.opm.gov/retirement-center/>
- (2) <https://www.opm.gov/retirement-center/survivor-benefits/#url=Retiree-Death>
- (3) <https://www.irs.gov/forms-pubs/about-publication-721> (Tax Guide to US Civil Service Retirement Benefits) (Note: Also covers Survivor Benefits.)

Address: OPM Retirement Operations Center [35].

Documents:

- (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with “Certified True” English translation.)
· Note: Proof of death that shows the date and cause/manner of death. OPM cannot accept a pending death certificate.
- (2) Proof of termination of any marriage. Submit a copy of final divorce, annulment, or death certificate.
- (3) If you are a child of the deceased, include a copy of your birth certificate showing both of your parents' names.
- (4) If you are a court-appointed administrator, executor or other official of the estate of the deceased, include a copy of the appointment with a raised seal.

>> Visit weblinks for comprehensive information on OPM's Civil Service Survivor Benefits.

1. Monthly Survivor Benefits

FERS: <https://www.opm.gov/retirement-center/fers-information/survivors/>
CSRS: <https://www.opm.gov/retirement-center/csrs-information/survivors/>

2. **Marital Survey.** Marital Surveys are mailed yearly to all annuitants currently receiving a survivor annuity benefit, to determine if remarriage has occurred prior to age 55. A surviving spouse will continue to receive a Marital Survey until they reach age 55:

<https://www.opm.gov/support/retirement/faq/marital-survey/>.

3. **Taxation.** OPM typically mails the first payment quickly, but may deduct Foreign Tax for Aliens in the first 2-4 months. The Annuitant Account Statement shows the annuity amount, and tax, if any.

· Nonresident Alien Thai Citizen. After submitting an IRS W-8BEN to OPM, no Foreign Tax should be deducted ([Thai-US Double Tax Treaty](#)). If it is, it's only temporary until OPM processes the IRS W-8BEN. This temporary foreign tax deduction can be recovered when the widow(er) files an [IRS 1040](#) for the year of the retiree's death, or an [IRS 1040-NR](#), if a year later.

· Resident Alien and US Citizen or National. A monthly OPM annuity is fully IRS taxed income. An annuitant may prepay this tax via tax withholding (see page [L-5](#)). Check the current IRS standard deduction amount to see if tax is due.

4. **Apply to be a Representative Payee**

<https://www.opm.gov/retirement-center/my-annuity-and-benefits/representative-payees/>

*** Office of Personnel Management (OPM) ***

SECTION - E

Federal Employees' Group Life Insurance (FEGLI)

Action: Claim Life Insurance Proceeds.

Form: (1) [FE-6](#) - Claim for Death Benefits.
(2) [FE-6 DEP](#) - Claim for Family Life Insurance.

Web: (1) <https://www.opm.gov/healthcare-insurance/life-insurance/>
(2) <https://www.opm.gov/healthcare-insurance/life-insurance/death-claims/>

Address: See Paragraphs 3 and 4 below (as applicable).

Documents: Page 1 of Forms FE-6 and FE-6 DEP stipulates required documents to submit.

>> Visit weblinks for comprehensive information on OPM's FEGLI.

1. Federal Employees' Group Life Insurance (FEGLI) - Handbook
<https://www.opm.gov/healthcare-insurance/life-insurance/reference-materials/publications-forms/fegli-handbook/>
2. Be sure to read the instructions on Form FE-6 (and/or FE-6 DEP, if applicable). You will have to print out the claim form. It cannot be submitted online.
3. Return the FE-6 claim form with required documents to:

OFEGLI
P.O. Box 6080
Scranton, PA 18505-6080

Overnight Address (when using FedEx, UPS, etc.):

OFEGLI
10 E.D. Preate Drive
Moosic, PA 18507

· Note: If a certified death certificate has already been submitted, you may fax your FE-6 claim form to OFEGLI at: 1-570-558-8659 (outside US, not toll-free).

4. Return the FE-6 DEP claim form with required documents to:

Office of Personnel Management (OPM)
Retirement Operations Center
Attention: FE6-DEP
Boyers, PA 16017

5. Claim Assistance: Tel: 1-800-633-4542 (M-F, 8:30 am - 4:00 pm (EST/EDT) (Toll Outside US).

*** Office of Personnel Management (OPM) ***

SECTION - E

Federal Employees' Health Benefits (FEHB) Program

Action: (1) Health Benefits Information for an Eligible Survivor.
(2) Claim Medical Expenses - Deceased and/or Survivors.

Web: <https://www.opm.gov/healthcare-insurance/healthcare/>

Address: OPM Retirement Operations Center [35].

1. Health Insurance for widow(er)s and unmarried dependent children under the age of 22 who survive a deceased federal employee who was enrolled in the Federal Employees' Health Benefits (FEHB) Program may continue to participate in that program at the same cost as a federal employee if, prior to the employee's death, these individuals were covered as family members under the plan. The survivor is eligible even if the amount of the survivor annuity is less than the monthly FEHBP premium, in which case the individual must remit the difference directly to OPM.
2. A surviving spouse can continue Federal health benefits coverage if there is a monthly survivor benefit or a Basic Employee Death Benefit payable to the surviving spouse and the Federal employee or retiree was enrolled in a self and family or self plus one health benefits plan on the date of death.
3. Federal Employees' Health Benefits (FEHB) Program - Handbook
<https://www.opm.gov/healthcare-insurance/healthcare/reference-materials/fehb-handbook/>
4. **Final Medical Expenses.** Presuming a retired US Federal Employee maintained FEHB eligibility, their final medical expenses may be covered by FEHB (less cost-shares, and less non-covered and non-allowed services).

*** Thrift Savings Plan (TSP) ***

SECTION - F

Report Death and/or Request Account Distribution

Action: Report Death of Account Holder and/or Request Account Distribution.

Form: (1) As specified by TSP after Reporting Participant's Death.

- (2) [IRS W-8BEN](#) - Foreign Status for Tax Withholding. ([Instructions](#)) ([Example](#))
· Note: Use IRS W-8BEN to claim a Thai-US Tax Treaty benefit.
(See #3 immediately below for Line 5 & 6 info.)
· Important: If Claimant is a US Citizen or Resident Alien DO NOT USE.

- (3) [IRS W-7](#) - Application for [Individual Taxpayer Identification Number](#) (ITIN) ([Instructions](#)) If you don't have a Social Security Number (SSN), ITIN or Foreign TIN, and are ineligible for an SSN, apply for an ITIN – usually takes 4-6 weeks to get an ITIN. See page [L-4](#) for additional ITIN information.

Web: (1) <https://www.tsp.gov/>
(2) <https://www.tsp.gov/publications/tspb31.pdf> (Participants & Beneficiaries)
(3) <https://www.tsp.gov/publications/tspb33.pdf> (Beneficiary Participants)
(4) <https://www.tsp.gov/publications/tspb26.pdf> (TSP Payments Tax Rules)
(5) <https://www.irs.gov/forms-pubs/about-publication-721> (Tax Guide to US Civil Service Retirement Benefits) (Note: Also covers Thrift Savings Plan - Civil Service and Uniformed Services.)

Address: Thrift Savings Plan [[43](#)].

Documents: (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with “Certified True” English translation.)
(2) [Dependency Certificate\(s\)](#): Marriage, Divorce, Birth, Adoption, etc.
(3) Photocopy of TSP Statement (if available, but not mandatory).
(4) Additional Info as specified by TSP after Reporting Participant's Death.

>> Visit weblinks for comprehensive information on the Thrift Savings Plan.

1. Death Notification. If a participant dies after separating from federal service or is the account holder of a beneficiary participant account, the participant's survivors should contact TSP.

2. Determining Beneficiaries. If there was a beneficiary designation on file with TSP on the date of the participant's death, the TSP account will be distributed according to that designation. Otherwise, the participant's account will be paid according to the order of precedence required by law. (In the case of an annuity, see page 5; <https://www.tsp.gov/publications/tspb31.pdf>.)

Continued on the next page...

3. Taxation. The tax consequences of receiving a TSP death benefit payment are determined based on the source of money that is included in the payment (traditional or Roth); the type of account from which the payment is made (civilian, uniformed services, or beneficiary participant); and the type of beneficiary (spouse or non-spouse).

- With some exceptions, for a nonresident alien Thai citizen survivor (“beneficiary participant”), no Foreign Tax should be withheld ([Thai-US Double Tax Treaty](#)). However, TSP may initially deduct Foreign Tax for a nonresident alien the first 2-3 months on a monthly distribution until a correctly completed IRS W-8BEN is submitted and processed. The Beneficiary Participant Account Statement shows the distribution amount, and tax, if any. Tax withholding can be recovered when the widow(er) files an [IRS 1040](#) for the year of the retiree’s death, or an [IRS 1040-NR](#), if it’s the year after.

- For a US Citizen or resident alien, a distribution is IRS taxed income. A beneficiary may pre-pay this tax via tax withholding (see page [L-5](#) for tax withholding information.). Check the current IRS standard deduction amount to see if tax is due.

*** National Personnel Records Center (NPRC) ***

SECTION - G

US Military Records - Discharge/Personnel/Medical

- Action:** Request Deceased Veteran's US Military Personnel Records.
- Form:** (1) [SF-180](#) - Request Pertaining to Military Records.
[If Requesting Records be Mailed to a Third-Party, Also Include These]
(2) Consent of Next-of-Kin to Release Documents (see next page in this guide).
(3) [DD-2870](#) - Authorization for Disclosure of Medical or Dental Information
- Web:** <https://www.archives.gov/veterans/military-service-records>
- Address:** National Personnel Records Center (NPRC) [33] (see paragraph 1 below).
- Documents:** (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with "Certified True" English translation.)
(2) Dependency Certificate(s): Marriage, Divorce, Birth, Adoption, etc.
(3) Copies of any Military Records to help NPRC locate Deceased's Records.
(4) Photocopy of USID Card, if issued one (helpful, but not required).

1. Request military records online (method preferred by NPRC), or Fax or Mail a completed [SF-180](#) to the correct address listed on page 3 of the [SF-180](#). Strongly recommend the documents be sent directly to the survivor – be **highly suspicious** of anyone who doesn't want to do that. The Mr. A*****n case is a prime example – he posed as a highly-decorated Vietnam Veteran but never served. In other examples, two Veterans falsely claimed to be Congressional Medal of Honor recipients – they weren't!

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 90 days or longer 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 in 1973 and records were destroyed, mostly Army. The NPRC continues to attempt to reconstruct lost files.

· If the deceased veteran's military records are maintained elsewhere (other than at the NPRC), the processing time on the records request may be much quicker.

3. Help the NPRC (etc.) by providing the information needed, and purpose for the request.

4. The authorized requester can request the documents be mailed to any designated person. However, in normal circumstances it's best that the reply address be the requester's (for reasons stated in paragraph 1 above).

· If requesting the records be mailed to a third-party, use the following letter on page G-2: ***Consent of the Next-of-Kin to Release Information and Documents.***

January 1, 2024

MEMORANDUM FOR National Personnel Records Center
(Military Personnel Records)
1 Archives Dr.
St. Louis, MO 63138

EXAMPLE

FROM: Mrs. Maleewan (NMI) Doe
38/83 Moo 6, Ling Rd. [OR] [P.O. Box]
Teprasit, Muang
Nakhon Nowhere 12345 Thailand

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

Ref: Deceased: Doe, John W., PO2, US Navy (Veteran) SSN 987-65-4321
Widow: Doe, Jane (NMI) SSN None

1. As the unremarried surviving spouse of Doe, John W., PO2, USN (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 W., PO2, USN (Retired)
Service #N 333 22 11 (if applicable)
SSN 987-65-4321
Branch of Service: US Navy
Dates of Service: 1 September 1964 to 1 September 1968
Date and Place of Birth: August 12, 1946; Anytown, Nebraska
Date and Place of Death: December 18, 2023; Nakhon Nowhere, Thailand

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

Sincerely,

Maleewan (NMI) Doe
(Surviving Spouse)

Tel: +66-77-777-7777
Email: survivor_doe@fakemail.com

(1) Encl
DD Form 2870.

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

SECTION - H

Introduction

1. **General.** Visit the respective benefits page in this section for eligibility criteria and how to apply.
2. **No Five-Year Residency Test.** Residency status has no bearing on VA benefits eligibility.
3. **Navigating VA Survivor Benefits.** Understanding VA survivor benefits is a robust challenge for a standard-issue Veteran not to mention how extremely difficult it would be for a civilian.
4. **VA Office of Survivors Assistance (OSA).** Serves as a resource regarding all benefits and services furnished by VA to Survivors and Dependents of deceased Veterans and members of the Armed Forces. Email: officeofsurvivors@va.gov. Web: <https://www.va.gov/survivors/>.
5. **VA Overseas Military Services Coordinators (OMSC).** VA OMSCs are another resource to get answers to VA benefits questions. When you email them, a representative will contact you to arrange a virtual appointment. Web: https://www.benefits.va.gov/benefits/oms_Coordinators.asp.
6. **Application Time Limit.** Unless a claim for Dependency and Indemnity Compensation (DIC) or Survivors Pension (SP) is filed and received by VA within one year from the date of the Veteran's death, that benefit is not payable from a date earlier than the date the claim is received by VA ([VA 21P-534EZ](#)). For example, if VA receives a claim on day 366, an entire year of payments would be permanently lost. Therefore, it may be necessary to submit the application for benefits without complete documentation in order to meet a cutoff date. That said, it's always recommended to first file [VA 21-0966](#) (Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC) as soon as possible after a Veteran's death. Visit page [H-4](#) to learn more.
7. **Death Documentation.** Compare the Thai Death Certificate (with "Certified True" English translation) to the associated Consular Report of Death of a US Citizen Abroad (CRDA). If submitting a CRDA (instead of the Thai death certificate) with the application for VA DIC, even a minor discrepancy between a Thai death certificate and CRDA could result in VA DIC claim denial. A prime example for Veterans who served in Vietnam is "Heart Failure" vs. "Heart Attack". Also, ensure the Thai death certificate matches its certified English translation. Moreover, request from the decedent's attending physician or other legally-authorized person, the *manner of death* and *contributing factors*. The details may mean the significant difference between being awarded \$1,612.75/month for VA DIC (service-connected death) versus \$925.17/month for VA Survivors Pension (SP) (2024 basic rates). Being that award of VA DIC also typically meets one of the exceptions to SSA's 5-year residency requirement for nonresident aliens, being precise is crucial.
8. **Document Certification.** VA typically only requires a DD-214 (or equivalent) to be certified. VA typically does not require copies of marriage, divorce, birth, death (etc.), documents to be certified – BUT – if a document's authenticity is in doubt, VA will require the claimant to provide a certified copy. US Citizen Services (ACS) (Bangkok and Chiang Mai) provides a *Certification* service free of charge for required documents submitted with applications for US federal benefits (all Thai language documents first require certified true English translation). To prevent a possible months-long claim delay, it's recommended to submit certified copies of documents with the claim.

9. **Benefits Eligibility.** Whether a claimant is eligible for DIC or SP (or neither) is determined on a case-by-case basis. The same goes for Survivors' and Dependents' Educational Assistance (DEA), CHAMPVA, Life Insurance (various programs), etc. Be it any federal or Department of Defense survivor benefit, it's not unusual to be asked "*Why my friend get and I no get?*"

10. **VA DIC Claim Preparation.** (If applying for VA DIC.) In relation to paragraph 3 above, if the deceased Veteran does not already possess a copy of his/her service treatment records, it may become necessary to request them (see SF-180, page 3 for the correct address). The same applies if the Veteran had received treatment at a VA medical facility (Veterans Health Administration records). Also, if necessary, request the Veteran's private treatment records from known providers. All may be needed to help support a survivor's claim for VA DIC (case specific).

11. **Lengthy Wait for Claim Decision.** Generally, VA typically does not decide SP or DIC claims quickly. Once VA receives a correctly completed claim, plan on 9-12 months for a SP decision and 12+ months for DIC (clear-cut DIC claims may be decided sooner). (A financial reserve is crucial!)

12. **VA Survivors Pension (SP) & Social Security.** Social Security (SS) (and other income) offsets VA SP (means-tested) dollar-for-dollar. It's the SS "Gross" amount that offsets VA SP (not the net amount). Here's the tricky part: A nonresident alien widow(er) that is eligible to be paid SS benefits is subject to a non-refundable 25.5% effective tax rate on their SS benefits. Example: An SS amount of \$1,000 "Gross" (\$745 "Net" after compulsory [tax withholding](#)) **fully offsets** the current VA SP maximum monthly amount of \$896.42 (surviving spouse, no dependents or additional benefits) – the widow(er) in this example would receive a monthly "pay cut" from \$896.42 to \$745. Undoing a "pay cut" can take up to a year (or longer) and requires lengthy coordination, first with SSA then with VA.

13. **VA DIC & Social Security.** The award of DIC typically meets the *Deceased Veteran* exception to SSA's Alien Nonpayment Provisions (SSA makes the final SS eligibility decision). There is no dollar-for-dollar offset between monthly Social Security survivor benefits and VA DIC.

14. **Direct Deposit.** See page [K-1](#) for options, and appendix [7](#) (page 17) for a specific example.

15. **No Taxation.** VA survivor benefits are tax free and protected by the [Thai-US Tax Treaty](#).

16. **Same-Sex Marriage:** <https://www.va.gov/opa/marriage/>.

17. **Veteran's Unclaimed Medical Expenses.** If a Veteran is dual-eligible for the VA Foreign Medical Program (FMP) **and** for TRICARE, visit page [I-9](#) (para. 3) to learn more about claiming unreimbursed medical expenses. (Note: Double-dipping on the **same** medical expenses is illegal and will be caught during computer records matching.)

18. **DoD Uniformed Services ID (USID) Card.** If a USID card is discovered in the decedent's possessions, secure it – it will be needed later. Visit pages [B-5](#) (para. 5) and [I-2](#) to learn more.

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

SECTION - H

**Appointment of Veterans Service Organization (VSO)
or Individual as Claimant's Representative
&
Authorization to Disclose Personal Information to a Third Party**

Form: (1) [VA 21-22](#) - Appointment of VSO as Claimant's Representative.
[OR]
(2) [VA 21-22a](#) - Appointment of Individual as Claimant's Representative.
[Highly recommended, but not required (in addition to VA 21-22 or 21-22a)]
(3) [VA 21-0845](#) - Authorization to Disclose Personal Info to a Third Party.

Web: <https://www.va.gov/ogc/recognizedvsos.asp>

Address: VA Pension Intake Center [15].

Documents: N/A

>> **Visit weblinks for comprehensive information on Appointing an Accredited Representative and Authorization to Disclose Personal Information to a Third Party.**

1. [VA 21-22](#) - It's best to appoint a Veterans Service Organization as Claimant's Representative for the reason being that VA permits only a single Claimant Representative appointment on record at a time (except in specific appeals cases), and a claimant would best be served by an accredited VSO being appointed, if needed.
2. Whether or not the claimant chooses to appoint an accredited representative, a claimant should use [VA 21-0845](#) to give VA permission to release their personal beneficiary or claim information to a third party – such as to the person assisting them. In reality, it wouldn't make much sense for a claimant to ask for assistance, but then not want to give authorization. Note: VA 21-0845 may be used whether or not VA 21-22 or VA 21-22a is used (or if neither is used).
3. [VA 21-22a](#) - Appointment of Individual as Claimant's Representative, is included here for information only. Using it is generally not recommended for an initial claim, but a claimant may of course use it if they wish.

· **CAUTION:** (Claim vs. Appeal.) VA advises against appointing an **Individual** as a Claimant Representative for a **claim** due to what VA calls “predatory actors”. Even though an **Individual** as a Claimant Representative legally can charge an agreed upon percentage of an award resulting from an **appeal** decision, they cannot legally charge an award percentage or levy any other assistance fee for **claim** assistance. A predatory individual gains nothing financially from helping a claimant develop and file a successful claim. They only get paid when a claim is appealed AND the appeal is successful. A predatory, dishonest **individual** will not provide proper **claim** assistance – there's no financial incentive for them to do so (they want the claim successfully appealed so they can be paid).

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

SECTION - H

Intent to File (ITF) a Claim for Monthly Benefits

Form: [VA 21-0966](#) - Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC.

Web: <https://www.va.gov/resources/your-intent-to-file-a-va-claim/>

Address: VA Pension Intake Center [15].

Documents: None, but see pages [H-6](#) and [H-7](#) for required documents when filing a claim.

>> Visit weblinks for comprehensive information on Intent to File a Claim.

1. Unless a claim for VA Survivors Pension or Dependency and Indemnity Compensation (DIC) is filed – and received by VA – within one year from the date of the Veteran's death, that benefit is not payable from a date earlier than the date VA received the claim. An ITF gives a claimant additional time to file a claim while preserving a claim effective date.

2. **What's an intent to file (VA 21-0966)?** “If you plan to file a claim for disability, pension, or DIC benefits and you notify VA of your intent to file, it sets a potential start date (or effective date) for your benefits. When you do this, you may be able to get retroactive payments (compensation that starts at a point in the past). This is because your start date for benefits will be earlier than the date you file your claim.”

3. Used by survivors of US military Veterans to establish a *claim date* in order to not lose benefits by the late mailing of an application, since most survivors are potentially eligible for VA benefits.

· Known as *ITF* in shorthand. It replaced VA's “informal claim” policy on March 24, 2015.

4. The VA letter acknowledging receipt of the ITF will stipulate the receipt deadline for VA Form 21-534EZ (Application for Dependency & Indemnity Compensation (DIC), Survivors Pension (SP) and/or Accrued Benefits).

5. Note: If, for whatever reason, a survivor later changes their mind and decides not to file a claim for VA Survivors Pension or VA DIC, there is no harm, no foul in letting an ITF expire “unconsumed”.

6. Final Note: Even when filing an ITF gives a survivor extra time to file a formal claim for benefits (VA 21P-534EZ), a survivor may still not have sufficient time to assemble all evidence needed to support their claim by VA's deadline. If this worst-case scenario occurs, file an incomplete claim so as not to miss the one-year deadline. VA will then request the missing claim evidence be submitted. When the one-year deadline is missed, the claim effective date then becomes the date the formal claim is received by VA (and thousands of dollars in potentially lost monthly benefits would result).

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

SECTION - H

Accrued Benefits Due a Deceased Beneficiary

Form: (1) [VA 21P-534EZ](#) - Application for Dependency & Indemnity Compensation (DIC), Survivors Pension (SP) and/or Accrued Benefits.
(Note: Use [VA 21P-535](#) when a Parent is applying for Accrued Benefits.)

[VA Form 21-0845 is highly recommended, but not required.]

(2) [VA 21-0845](#) - Authorization to Disclose Personal Info to a Third Party.

[OR] (NOT TYPICALLY)

(3) [VA 21-601](#) - Application for Accrued Amounts Due a Deceased Beneficiary.

Web: (1) <https://benefits.va.gov/BENEFITS/factsheets/general/accrued.pdf>
(2) https://www.benefits.va.gov/WARMS/docs/regs/38cfr/bookb/part3/s3_1000.doc
(3) https://www.benefits.va.gov/WARMS/docs/admin21/m21_1/mr/part8/ch02/ch02.doc

Address: VA Pension Intake Center [15].

Documents: (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with “Certified True” English translation.)
(2) Dependency Certificates: Marriage, Divorce, Birth, Adoption, etc.

>> Visit weblinks for comprehensive information on Accrued Benefits eligibility.

1. Accrued benefits are benefits that were due the beneficiary (owed to the Veteran) 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. A claim for accrued benefits must be filed within one year from the date of death of the deceased beneficiary.

2. A deceased Veteran's surviving spouse, child, or dependent parent, should apply for death benefits, **including accrued benefits**, using [VA 21P-534EZ](#) - Application for DIC, SP and Accrued Benefits by a Surviving Spouse or Child (Including Death Compensation if applicable). If claiming benefits as the parent(s) of a deceased Veteran, use: [VA 21P-535](#).

3. Applying for Accrued Benefits is typically done on the same form (VA 21P-534EZ) and at the same time as applying for VA Survivors Pension or VA Dependency and Indemnity Compensation. Although a VA 21-601 application may indeed be filed, doing so is not typical.

4. **Important:** “X” or Printed Signature, or thumbprint, requires two witnesses – properly complete the Witness blocks in [VA 21P-534EZ](#) (or [VA 21P-535](#), as applicable). For other forms that require a signature, see page [B-18](#).

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

SECTION - H

Survivors Pension (SP)

- Form:**
- (1) [VA 21P-534EZ](#) - Application for VA DIC, SP and/or Accrued Benefits.
 - (2) [VA 21P-0969](#) - Income/Asset Statement for Pension or Parents' DIC Claims. [VA Forms 21-0966 & 21-0845 are highly recommended, but not required.]
 - (3) [VA 21-0966](#) - Intent to File a Claim for Benefits (see paragraph 4 below).
 - (4) [VA 21-0845](#) - Authorization to Disclose Personal Info to a Third Party.
- Web:**
- (1) <https://www.va.gov/pension/survivors-pension/>
 - (2) <https://benefits.va.gov/BENEFITS/factsheets/survivors/Survivorspension.pdf>
 - (3) <https://www.ecfr.gov/current/title-38/chapter-I/part-3/subpart-A/subject-group-ECFR2f2f66751230c72/section-3.54> (Marriage Dates)
- Address:** VA Pension Intake Center [15].
- Documents:**
- (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with “Certified True” 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 photocopies.)

>> Visit weblinks for comprehensive information on VA Survivors Pension eligibility.

1. VA Survivors Pension is a **needs-based benefit** paid to an unremarried surviving spouse, or an unmarried child (under 18 or 18-23 if in school) of a deceased wartime veteran. (Note: The “1 day during a covered wartime period” requirement is the most likely **not** met.)
2. ***Important***. The Survivors Pension is **offset dollar-for-dollar by Social Security (SS)** (and other income). The **gross** SS benefit amount prior to the tax reduction offsets Survivors Pension. If the net, after-tax, benefit amount from SS is less than SP – **SHOULD NOT APPLY FOR SP**.
3. Unless a claim for SP or DIC is filed – and received by VA – within one year from the date of the Veteran's death, that benefit is not payable from a date earlier than the date VA received the claim.
4. **What’s an intent to file (VA 21-0966)?** “If you plan to file a claim for disability, pension, or DIC benefits and you notify VA of your intent to file, it sets a potential start date (or effective date) for your benefits. When you do this, you may be able to get retroactive payments (compensation that starts at a point in the past). This is because your start date for benefits will be earlier than the date you file your claim.” Learn more: <https://www.va.gov/resources/your-intent-to-file-a-va-claim/>.
5. **Important:** “X” or Printed Signature, or thumbprint, requires two witnesses – properly complete the Witness blocks in [VA 21P-534EZ](#). For other forms that require a signature, see page [B-18](#).
6. **If Survivors Pension is Awarded:** If VA mails an Eligibility Verification Report (EVR) to the beneficiary to complete and return, the EVR must be correctly completed and returned to VA by the deadline, else, SP will be suspended beginning with the next month’s payment date after the deadline. It’s also always the beneficiary’s responsibility to promptly report any material changes to VA.

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

SECTION - H

Dependency & Indemnity Compensation (DIC)

- Form:** (1) [VA 21P-534EZ](#) - Application for VA DIC, SP and/or Accrued Benefits.
(Note: Use [VA 21P-535](#) when applying for Parent DIC.)
[VA Forms 21-0966 & 21-0845 are highly recommended, but not required.]
(2) [VA 21-0966](#) - Intent to File a Claim for Benefits (see paragraph 3 below).
(3) [VA 21-0845](#) - Authorization to Disclose Personal Info to a Third Party.
- Web:** (1) <https://www.va.gov/disability/dependency-indemnity-compensation/>
(2) <https://www.va.gov/resources/the-pact-act-and-your-va-benefits/#information-for-survivors>
(3) <https://www.ecfr.gov/current/title-38/chapter-I/part-3/subpart-A/subject-group-ECFR2f2f66751230c72/section-3.54> (Marriage Dates)
- Address:** VA Pension Intake Center [15].
- Documents:** (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with “Certified True” 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 photocopies.)

>> Visit weblinks for comprehensive information on VA DIC eligibility and information.

1. VA DIC offset to DoD’s Survivor Benefit Plan (SBP) has been fully repealed:

<https://www.dfas.mil/RetiredMilitary/survivors/SBP-DIC-News/>

2. Unless a claim for DIC or SP is filed – and received by VA – within one year from the date of the Veteran's death, that benefit is not payable from a date earlier than the date VA received the claim.

3. **What’s an intent to file (VA 21-0966)?** If you plan to file a claim for disability, pension, or DIC benefits and you notify VA of your intent to file, it sets a potential start date (or effective date) for your benefits. When you do this, you may be able to get retroactive payments (compensation that starts at a point in the past). This is because your start date for benefits will be earlier than the date you file your claim. Learn more: <https://www.va.gov/resources/your-intent-to-file-a-va-claim/>.

4. **Important:** “X” or Printed Signature, or thumbprint, requires two witnesses – properly complete the Witness blocks in [VA 21P-534EZ](#) (or [VA 21P-535](#), as applicable). For other forms that require a signature, see page [B-18](#).

5. **If DIC Awarded.** VA DIC recipients will receive a Marital Status Questionnaire approximately once every eight (8) years which must be correctly completed and returned to VA, else, pay suspension results. If pay stops, mail a properly completed Marital Status Questionnaire (VA Form 21-0537; not available online) to VA. The same applies to VA 21-0538 - Status of Dependents Questionnaire ([Verification of Marital Status and the Status of Dependents](#)).

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

SECTION - H

Life Insurance Programs

Action: Claim Life Insurance Proceeds.

Form: (1) [SGLV 8283](#) - Claim for Death Benefits (SGLI-VGLI).
 (2) [VA 29-4125](#) - Claim for One Sum Payment (GLI).
 (3) How to File a Claim: <https://www.benefits.va.gov/INSURANCE/sglivgli.asp>

Web: (1) Life Insurance Programs: <https://www.benefits.va.gov/insurance/>
 (2) SGLI: <https://www.va.gov/life-insurance/options-eligibility/sgli/>
 (3) VGLI: <https://www.va.gov/life-insurance/options-eligibility/vgli/>
 (4) S-DVI: <https://www.va.gov/life-insurance/options-eligibility/s-dvi/>
 (5) SRH: <https://www.benefits.va.gov/benefit/2644> (Supplemental S-DVI)
 (6) VALife: <https://www.va.gov/life-insurance/options-eligibility/valife/>
 (7) FSGLI: <https://www.va.gov/life-insurance/options-eligibility/fsgli/>
 (8) TSGLI: <https://www.va.gov/life-insurance/options-eligibility/tsgli/>
 (9) VMLI: <https://www.va.gov/life-insurance/options-eligibility/vmli/>
 (10) Other VA Life Insurance: <https://www.benefits.va.gov/insurance/select.asp>
 (11) Publications: https://www.benefits.va.gov/INSURANCE/ins_publications.asp

Address: See Applicable Life Insurance Program for Claim Instructions.
 (Also see: <https://www.benefits.va.gov/INSURANCE/resources-contact.asp>)

Documents: DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
 (Or: Thai Death Certificate with “Certified True” English translation.)

>> Visit weblinks for comprehensive information on VA’s Life Insurance Programs.

1. VGLI is the VA life insurance program primarily seen when a Veteran passes away in Thailand. Alternatively, much older Veterans may have ‘Other VA Life Insurance’ such as Government Life Insurance (GLI). VA offers a number of different policies that are linked above. Also note that a Veteran may not have applied for VA life insurance or the named beneficiary is someone other than a surviving spouse or other next-of-kin. A Veteran may also have let a policy lapse.

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

3. If no policy or other VA life insurance evidence is found in the Veteran’s records, compare their military service dates to VA’s life insurance programs to help learn if a life insurance policy may be in force. In this case, filing claims for both VGLI and other VA life insurance may be appropriate.

4. As with all life insurance, a beneficiary must be named and premiums currently paid (unless there is a paid-up clause), or no payout can occur. **When in doubt, submit a claim.**

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

SECTION - H

United States Burial Flag

- Action:** Apply for a US Burial Flag.
- Form:** [VA 27-2008](#) - Application for US Burial Flag.
- Web:** <https://www.va.gov/burials-memorials/memorial-items/burial-flags/>
- Address:** US Embassy or US Consulate General, US Citizen Services (ACS) [1] or [2].
- Documents:** (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with “Certified True” English translation.)
(2) DD-214 or Equivalent Military Service Record; Certified.
-

>> Visit weblink for comprehensive information on US Burial Flag eligibility.

1. US Citizen Services (ACS), Consular Section, has Burial Flags and takes the application.
 - Please Note: Not all Veterans meet the eligibility criteria to receive a US Burial Flag.
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 NOK or legal representative to request the flag when she/he reports the Veteran’s death at the Consular Section (the NOK or legal representative must be able to prove the deceased was a Veteran). The Consular Section will not position a flag prior to a Veteran’s death.
3. The flag, after being draped on the casket, is folded and presented to the Widow(er) or Primary Next-of-Kin. Once a flag has been used, do not return it to the Consular Section. It is the survivor’s flag to keep.
4. If desired, the Veteran’s family can donate the flag to a national cemetery that has an Avenue of Flags so it can be flown on patriotic holidays.
5. VA cannot replace flags that are lost, destroyed, or stolen, but some Veterans organizations may be able to help you get a replacement if something happens to the flag VA gave you.

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

SECTION - H

Burial Allowance

Action: Apply for Burial Allowance.

Form: [VA 21P-530EZ](#) - Application for Burial Benefits.

Web: <https://www.va.gov/burials-memorials/veterans-burial-allowance/>

Address: VA Pension Intake Center [15].

Documents: (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with “Certified True” English translation.)
(2) DD-214 or Equivalent Military Service Record; Certified.
(3) VA Letter of Award of Disability Rating (aka “Rating Decision”).

>> Visit weblink for comprehensive information on Burial Allowance eligibility and amounts.

1. 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.
2. 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, VA may not consider all of the services listed to be burial expenses, such as feeding monks. In fact, VA will only reimburse for services you were "legally required" to pay for. Donations are not a legal requirement. Also, please keep in mind that many insurance policies have a burial allowance benefit.
3. See Instructions with [VA 21P-530EZ](#).

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

SECTION - H

Headstone, Marker, Medallion, Urn or Commemorative Plaque

- Form:** (1) [VA 40-1330](#) - Claim for Standard Government Headstone or Marker
 (2) [VA 40-1330M](#) - Claim for Government Medallion
 (3) <To Be Announced> - (New) Claim for Urn or Commemorative Plaque
- Web:** (1) <https://www.va.gov/burials-memorials/memorial-items/headstones-markers-medallions/>
- Address:** NCA FP Evidence Intake Center [16].
- Documents:** (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
 (Or: Thai Death Certificate with “Certified True” English translation.)
 (2) DD-214 or Equivalent Military Service Record; Certified.

>> Visit weblinks for comprehensive Memorial Items information.

1. **VA Burials & Memorials:** *“VA can ship markers internationally. Depending on the size and type of the marker requested, there should be no charges that the requestor needs to be responsible for. All shipments go through Government carriers. It can also be shipped to a residential address. Markers cannot be shipped to PO boxes and must be to a valid address.” “A postcard is mailed to the applicant to let them know a marker has been ordered. If an email address is provided, this should come digitally via email. Often times, the marker itself will arrive at its destination well before the postcard. We do not provide a tracking number upon shipment of the marker; however, you can send a request for tracking once the marker has been shipped and we can track the marker. A call can be made to our applicant assistance unit about two weeks after the documents have been submitted (if submitted via quick submit) for an update. Their number is 1-800-697-6947.”*
2. **Information Accuracy.** Ensure the information provided is accurate! There’s no way to adjust the information carved on a headstone or cast on a marker. If a flat bronze marker is wanted, but the block for an upright marble headstone is filled in, a headstone will arrive.
3. **Memorial Gravesite.** If there is a “memorial” gravesite for an MIA Veteran, a headstone, marker or medallion may be requested. If the ashes are in a wall at a Wat, a small-sized marker may be requested. If ashes are scattered, VA will not provide a headstone, marker or medallion.
4. **Medallion.** This benefit is only applicable if the grave is marked with a privately purchased headstone or marker. In these instances, eligible Veterans are entitled to either a traditional US government-furnished headstone or marker, or a medallion, but not both. If requested, the medallion is furnished in lieu of a traditional Government headstone or marker for Veterans that died on or after November 1, 1990, and whose grave is marked with a privately purchased headstone or marker. (VA will not provide a medallion for a lay flat marker due to damage/destruction by lawncare equipment.)
5. **(New) Urns & Plaques.** Note: As of the release date of this Survivor Preparation & Assistance Guide, VA has not yet published the final eligibility criteria or application instructions for an Urn or Commemorative Plaque. Check VA Burials and Memorials webpage for updates (or contact them).

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

SECTION - H

Presidential Memorial Certificate (PMC)

Action: Apply for a Presidential Memorial Certificate.

Form: [VA 40-0247](#) - Presidential Memorial Certificate Request.

Web: (1) https://www.cem.va.gov/facts/Presidential_Memorial_Certificates.asp
(2) <https://www.va.gov/burials-memorials/memorial-items/presidential-memorial-certificates/>

Address: NCA FP Evidence Intake Center [17].

Documents: (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with “Certified True” English translation.)
(2) DD-214 or Equivalent Military Service Record; Certified.

>> Visit weblinks for comprehensive information on a Presidential Memorial Certificate.

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 VA cannot process any request without proof of honorable military service. Please submit copies only, as VA will not return original documents.
3. If it's been more than 4 months since you applied for a PMC and you haven't yet received it, call VA at 1-202-632-7300 to find out the status of your request. Please don't send a second application unless VA asks you to.

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

SECTION - H

**Survivor's & Dependent's Educational Assistance (DEA)
&
Request for Approval of School Attendance**

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

Web: (1) <https://benefits.va.gov/gibill/>
(2) <https://www.va.gov/education/>
(3) <https://www.va.gov/education/survivor-dependent-benefits/>
(4) <https://www.va.gov/education/survivor-dependent-benefits/dependents-education-assistance/>
(5) <https://www.va.gov/education/about-gi-bill-benefits/how-to-use-benefits/study-at-foreign-schools/>

Address: Buffalo Regional Processing Office [23].

Documents: (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with "Certified True" 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 photocopies.)

>> **Visit weblinks for comprehensive information on DEA program eligibility.**

1. **School Search:** <https://inquiry.vba.va.gov/weamspub/buildSearchInstitutionCriteria.do>

· Note: Click on the "Search by Country" box; select Thailand from the drop-down menu and click on "Submit".

2. **Updated School Information:** <https://www.va.gov/education/gi-bill-comparison-tool/>

· Note: Type the City name (Bangkok, Chiang Mai, etc.) and then choose the location from the drop-down menu; then press "Enter" or click on the "Search" box.

3. **Important.** If a school in Thailand isn't listed by VA, it doesn't necessarily mean it isn't available. Ask the school if the desired course of study at that school is approved by VA. If the school replies yes, it is, it would be highly prudent to confirm it with VA before enrolling.

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

SECTION - H

CHAMPVA Health Benefits

Action: (1) Apply for CHAMPVA Benefits.
(2) File a CHAMPVA Claim.

Form: (1) [VA 10-10d](#) - Application for CHAMPVA Benefits.
(2) [VA 10-7959c](#) - CHAMPVA Other Health Insurance (OHI) Certification
(3) [VA 10-7959a](#) - CHAMPVA Claim Form

Web: <https://www.va.gov/health-care/family-caregiver-benefits/champva/>

Address: (1) VHA Office of Integrated Veteran Care - Apply for CHAMPVA [20].
(2) VHA Office of Integrated Veteran Care - File a CHAMPVA Claim [22].

Documents: See CHAMPVA Guide & CHAMPVA Application Form.
<https://www.va.gov/COMMUNITYCARE/docs/pubfiles/programguides/CHAMPVA-Guide.pdf>

>> Visit weblinks for comprehensive information on CHAMPVA.

1. To be eligible for CHAMPVA, the survivor cannot be eligible for TRICARE, and they 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. To reiterate, family members eligible for CHAMPVA cannot also be TRICARE eligible.

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

SECTION - H

Foreign Medical Program (FMP) - Claim Filing

- Form:** (1) [VA 10-7959f-1](#) - Foreign Medical Program Registration Form.
(2) [VA 10-7959f-2](#) - Claim Cover Sheet - Foreign Medical Program.
- Web:** (1) <https://www.va.gov/health-care/foreign-medical-program/>
(2) <https://www.va.gov/resources/how-to-file-a-va-foreign-medical-program-claim/>
- Address:** VHA Office of Integrated Veteran Care - Foreign Medical Program [19].
- Documents:** Signed Claim Cover Sheet, Health Provider's Information with Signature for Medical Condition and Diagnosis, Description of Service, Prescription Medication Details, Itemized Charges and Dates, and Receipt(s) marked "Paid".

>> Visit weblinks for comprehensive information on the Foreign Medical Program.

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 processing delay.
2. Please note that unlike typical health benefits/insurance plans, where the range of benefits is standard among all enrolled beneficiaries/subscribers, FMP has specific limitations.
3. VA FMP assumes payment responsibility for certain necessary health care services received and associated with the treatment of service-connected disabilities; any disability associated with and held to be aggravating a service-connected condition (38 CFR 17.35), or; any condition for a Veteran participating in Veteran Readiness & Employment (VR&E) (38 USC 31). Supporting medical documentation is always required.
4. Being rated totally (100%) disabled does not mean VA will definitely reimburse an entire claim. Disability percentages (0-100%) have no bearing on determining eligibility for VA FMP medical services. Treatment (including emergency treatment), services, prescriptions and supplies unrelated to the service-connected disability are not covered
5. Oftentimes, the FMP "Benefits Authorization Letter" mailed to a Veteran will not spell out all of the Veteran's secondary conditions which VA FMP may reimburse for.
6. Normally, there's a [two-year claim filing limit](#). However, sometimes a deceased Veteran is granted service-connection after death, and therefore, an FMP claim can still be submitted (include with the claim a copy of the VA rating decision granting service-connection).
 - FMP Policy Manual, Chapter 3, Section 1: [Retroactive VA Adjudication of Service Connection](#).
7. If a Veteran is dual-eligible for FMP **and** for TRICARE, visit page [I-9](#) (para. 3) to learn more.

*** Department of Veterans Affairs ***

SECTION - H

Fiduciary

Action: Request to be Appointed as Beneficiary's Fiduciary.

Form: See paragraph 2 below.

Web: (1) <https://www.benefits.va.gov/FIDUCIARY/index.asp>
(2) https://www.benefits.va.gov/fiduciary/fiduciary_FAST.asp
(3) <https://www.benefits.va.gov/FIDUCIARY/beneficiary.asp>
(4) <https://www.benefits.va.gov/FIDUCIARY/fiduciary.asp>

Address: VA Fiduciary Intake Center [25].

Documents: VA will specify required information.

>> Visit weblinks for comprehensive information on Fiduciary Program.

1. VA's Fiduciary Program was established to protect Veterans and other beneficiaries who, due to injury, disease, or due to age, are unable to manage their financial affairs. VA will only determine an individual to be unable to manage his or her financial affairs after receipt of medical documentation or if a court of competent jurisdiction has already made the determination.

2. **How to Apply.** To become a fiduciary for a family member or friend, submit a request with the beneficiary's name and VA file number, and your name and contact information to the VA Fiduciary Intake Center (for VA SP or VA DIC beneficiaries residing abroad).

* Department of Defense (DoD) *

SECTION - I

Introduction

1. **General.** For Arrears of Pay (AOP) and Survivor Benefit Plan (SBP) assistance, you may contact the [JUSMAGTHAI Retiree Activities Office](#). To report a retiree's death to the Defense Enrollment Eligibility Reporting System (DEERS), and for assistance with a Uniformed Services ID (USID) card, email: jusmagthai@state.gov. For TRICARE® health benefits, contact [JUSMAGTHAI TRICARE](#).
2. **No Five-Year Residency Test.** Residency status has no bearing on DoD benefits eligibility.
3. **Report Death of US Military Retiree.** Military retired pay stops upon the death of the retiree. Once the death has been [reported](#), the beneficiary will receive [DD Form 2656-7](#) (Verification for Survivor Annuity) at the address the Defense Finance and Accounting Service (DFAS) has on record. The beneficiary must complete the form and return it to DFAS. (**Note:** The mailing of DD-2656-7 presumes the survivor is an eligible beneficiary for the Survivor Benefit Plan.)
4. **Survivor Benefit Plan (SBP).** A US military retiree as the “sponsor” would have had to act to enroll his/her spouse in SBP. Enrollment (aka “election”) is not automatic.
5. **Retiree Account Statement (RAS).** A RAS (on the reverse) stipulates “SBP Election”. Check the deceased military retiree's records for a current RAS and check SBP election status. It's not unusual for a military retiree to be married but his/her RAS states “None” under SBP election.
6. **Application Time Limit.** No time limit to apply for AOP or SBP, but should apply ASAP.
7. **Timely Claim Decision.** SBP claims are clear-cut. Either the military sponsor acted to enroll their spouse, or they didn't. There is no in between. Also, unlike with VA survivor benefits, DoD typically decides SBP claims in a timely manner (3-4 months).
8. **Taxation.** AOP and SBP are each tax exempt for nonresident aliens under the [Thai-US Tax Treaty](#). Conversely, AOP and SBP are each taxable for resident aliens and US citizens. See pages [I-5](#) and [I-7](#), respectively, for the steps necessary for a nonresident alien to request tax exemption.
9. **DoD Uniformed Services ID (USID) Card.** If a USID card is discovered in the decedent's possessions, secure it – it will be needed later. Visit pages [B-5](#) (para. 5) and [I-2](#) to learn more.
10. **TRICARE® Health Benefits.** The JUSMAGTHAI TRICARE office helps eligible survivors prepare a claim for the decedent's unreimbursed medical expenses (if decedent was eligible for civilian care under TRICARE), and will also explain TRICARE benefits to them. Moreover, don't pay for any terminal medical expenses until you first contact the TRICARE office. If terminal medical expenses are paid by funds [illegally] withdrawn from a decedent's bank account, TRICARE will deny the claim. Also see: <https://www.jusmagthai.com/medical.html#Deceased>.
11. **SSA Offset to SBP (Phased Out).** Fully phased out for all survivors on April 1, 2008.
12. **VA DIC Offset to SBP (Repealed).** Fully repealed beginning January 1, 2023.

*** Joint US Military Advisory Group, Thailand ***
(JUSMAGTHAI)

SECTION - I

New US Uniformed Services Identification (USID) & Privilege Card

- Action:** Eligible Dependents (see categories in link below):
<https://www.cac.mil/Next-Generation-Uniformed-Services-ID-Card/>
- Form:** [DD-1172-2](#) - Application for USID Card & DEERS Enrollment.
(Note: It's typically obtained and completed at JUSMAGTHAI.)
- Web:** (1) https://www.cac.mil/Portals/53/Documents/required_docs.pdf
(2) https://www.cac.mil/Portals/53/Documents/List_of_Acceptable_Documents.pdf
- Address:** JUSMAGTHAI - DEERS/ID Card Section (Room D-109) [5].
- Documents:** (1) DoS Report of the Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with "Certified True" English translation.)
(2) USID Card Renewal/Reissuance: See paragraph 2 below.
[OR]
(2) USID Card Initial Issuance: See paragraph 3 below.

>> Visit weblinks for comprehensive information on USID Cards.

1. Eligible dependent family members will be issued a new USID card. The USID card replaces the card issued prior to the sponsor's death. The USID card will show the sponsor's service, the sponsor's USID card category and that he/she is deceased.
2. **DEERS Update & ID Card Renewal/Reissuance.** If the survivors have current (non-expired) USID cards, only a DS-2060 or Thai Death Certificate with English translation and one other government-issued ID is needed. The government-issued ID can be Thai, US or from another country (as the case may be). A foreign ID must have a photograph.
3. **DEERS Enrollment & Initial ID Card Issuance.** If the sponsor never acted to have USID cards issued, documentation is required to: Prove relationship by Certificate of Marriage, Birth (Natural or Step), Adoption, and Proof of Date of Birth by ID Cards, Passports, etc., with certified English Translation, if in Thai or other foreign language (as the case may be). **PLUS**, a valid (unexpired) State or Federal government-issued picture ID **AND** any ID from the [List of Acceptable Documents](#).
4. **JUSMAGTHAI DEERS/ID Card Section.** JUSMAGTHAI currently issues USID cards by ***Appointment Only***. To make an appointment, visit: <https://idco.dmdc.osd.mil/idco/locator> (Location: Bangkok Thailand). Email (General Inquiries): jusmagthai@state.gov. Note: Since the DEERS *system* sometimes goes down, it's best to phone ahead before traveling to JUSMAGTHAI, Tel: 02-287-1036 Ext. 180 (not voicemail capable).

*** Department of Defense (DoD) ***
(Defense Finance and Accounting Service (DFAS))

SECTION - I

Death Gratuity

- Action:** Claim Death Gratuity.
- Form:** (1) [DD-0397](#) - Claim Certification and Voucher for Death Gratuity Payment.
- Web:** (1) <https://militarypay.defense.gov/benefits/death-gratuity/>
(2) <https://www.militaryonesource.mil/casualty-assistance/survivor-support/death-gratuity/>
(3) <https://www.militaryonesource.mil/products/death-gratuity-fact-sheet-263/>
- Address:** Veteran's Branch of Service - Casualty Office (See Next Page).
- Documents:** (1) See DD Form 93, Record of Emergency Data Information on the Person(s) Named Beneficiary to Receive the Death Gratuity.
(2) DD Form 1300 - Report of Casualty.
(Or: DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with "Certified True" English translation.)
If Not Named Beneficiary, also include:
(3) Proof of Identity.
-

>> Visit weblinks for comprehensive information on DoD's Death Gratuity.

1. A military member should have designated an eligible survivor(s) on their DD Form 93, Record of Emergency Data. If not, DoD uses an order of precedence.
2. There is no US military Casualty Assistance Office in Thailand (see next page).
3. DFAS typically pays this claim within 72 hours of notification.
4. DoD's Death Gratuity is nontaxable: <https://www.irs.gov/newsroom/military-family-tax-benefits>.

Continued on the next page...

[US Army (USA) - Casualty and Mortuary Affairs Operations Division]

Chief, Casualty and Mortuary Affairs Operations Division

1600 Spearhead Division Ave.

Fort. Knox, KY 40122

Tel: 1-800-626-3317 (24-Hour Operations Center)

Fax: Not Published (if needed, request it)

Email: usarmy.knox.hrc.mbx.tagd-cmaoc-csb-casualty@army.mil

Web: [https://www.hrc.army.mil/content/Casualty%20and%20Mortuary%20Affairs%20Operations%20Division%20\(CMAOD\)](https://www.hrc.army.mil/content/Casualty%20and%20Mortuary%20Affairs%20Operations%20Division%20(CMAOD))

Note: The Korea Casualty Assistance Center provides US Army Casualty assistance in Asia.

Web: <https://www.hrc.army.mil/content/Korea%20Casualty%20Assistance%20Center>

[US Navy (USN) - Casualty Assistance]

Navy Casualty Assistance (PERS-00C)

5720 Integrity Dr.

Millington, TN 38055-1300

Tel: 1-800-368-3202 or 1-901-874-2501

Tel: 1-901-634-9279 (After Duty Hours - Casualty Watch Officer)

Fax: 1-901-874-6654

Email: MILL_RetiredActivities@navy.mil (Retired Services) (same street address)

Web: <https://www.mynavyhr.navy.mil/Support-Services/Casualty/>

[US Air Force (USAF) & US Space Force (USSF) - Casualty Operations]

HQ AFPC/DPFCS

550 C Street West, Suite 14

JBSA-Randolph, TX 78150-4716

Tel: 1-800-433-0048 or 1-210-565-3505

Fax: Not Published (if needed, request it)

Email: afpc.casualty@us.af.mil

Web: <https://www.afpc.af.mil/Casualty-Matters/Casualty-Operations/>

[US Marine Corps (USMC) - Casualty Section]

HQ Marine Corps Casualty Section (MFPC)

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: <https://www.hqmc.marines.mil/Agencies/Casualty-MFPC/>

[US Coast Guard (USCG) - Casualty Matters]

Commander

Personnel Service Center

ATTN: PSC-PSD-FS

US Coast Guard Stop 7200

2703 Martin Luther King Jr Ave SE

Washington DC 20593-7200

Tel: 1-202-795-6637 or 1-571-266-2375 (Casualty Duty Cell)

Fax: 1-202-372-8488

Email: HQS-SMB-CGPSC-PSDFS-CASUALTY@uscg.mil

Web: <https://www.dcms.uscg.mil/PSD/fs/Casualty-Matters/>

*** Department of Defense (DoD) ***
(Defense Finance and Accounting Service (DFAS))

SECTION - I

Arrears of Pay (AOP)

Action: Claim Arrears of Pay.

Form: (1) [SF-1174](#) - Claim for Unpaid Compensation. ([PDF Version](#)) ([Instructions](#))

(2) [DFAS CL 5840/26](#) - Affidavit Regarding Citizenship Status.
· [Example](#) SF-1174 and DFAS-CL 5840/26 (beneficiary with foreign address.)
· [Example](#) SF-1174 and DFAS-CL 5840/26 (multiple beneficiaries, same form.)

(3) [IRS W-8BEN](#) - Foreign Status for Tax Withholding. ([Instructions](#)) ([Example](#))
· **Note:** Use IRS W-8BEN to claim a Thai-US Tax Treaty benefit.
(You must complete line 5 by submitting an SSN or ITIN, or line 6 by providing a Foreign Tax Identification Number (Foreign TIN).
(See #4 immediately below for ITIN info.)
· **Important:** If Claimant is a US Citizen or Resident Alien DO NOT USE.

(4) [IRS W-7](#) - Application for [Individual Taxpayer Identification Number](#) (ITIN) ([Instructions](#)) If you don't have a Social Security Number (SSN), ITIN or Foreign TIN, and are ineligible for an SSN, apply for an ITIN – usually takes 4-6 weeks to get an ITIN. See page [L-4](#) for additional ITIN information.

Web: (1) <https://www.dfas.mil/RetiredMilitary/provide/aop/>
(2) <https://www.dfas.mil/RetiredMilitary/survivors/Retiree-Death/>
(3) <https://www.dfas.mil/RetiredMilitary/provide/aop/aopdeath/>

Address: DFAS - US Military Retirement Pay [9].

Documents: (1) See Retiree Account Statement (RAS) for Information on the Person Named Beneficiary to Receive Pay.
(2) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with “Certified True” English translation.)
If Not Named Beneficiary, also include:
(3) Proof of Relationship or DoD USID Card (DD-1173; if issued one).

>> Visit weblinks for comprehensive information on DoD's Arrears of Pay.

1. When to Report a Retiree's Death. Please report the retired service member's death as soon as possible. This will help avoid delay and possible financial hardship to surviving beneficiaries, family members or executors, who will be required to return any unearned military retirement payments Eligibility for military retired pay ends with the death of the retiree. Therefore, if a retired pay payment was issued for the month in which the retiree died the bank will be notified to return the

payment upon notification of death. The beneficiary of the AOP may be due a prorated amount for the month of death. Never return money yourself unless specifically asked to.

2. See the back side of the Retiree Account Statement (RAS) to find if the deceased elected a beneficiary. If none selected, a family member by order of relationship (precedence) can claim.

3. A family member can claim the deceased's retired pay for the days that the military retiree was alive during the month of death and any month prior to death if a check has not been cashed. Uncashed checks must be voided and returned to DFAS Military Retirement Pay. If no check(s) can be found, DFAS will mail the claimant a letter with a form and instructions. If pay is via the Direct Deposit System, the bank must be instructed to return the deposited pay to DFAS.

4. **Important Note.** The question in Part B (SF-1174) must not be overlooked; the answer must be "Yes." Two witnesses to the claim must sign the form. Neither can be the claimant.

5. **Direct Deposit for Arrears of Pay Payments.** DFAS can now deposit an Arrears of Pay payment directly to an eligible claimant's bank account instead of mailing a check. Direct deposit can reduce the time it takes to receive the payment. To have an AOP payment direct deposited to a US bank account, send a completed [Direct Deposit Authorization \(DFAS-CL Form 1059\)](#) with your SF-1174. For [International Direct Deposit \(IDD\)](#), use: [OF-1199-I](#). (Note: Even though Thailand is not yet depicted in the list of IDD countries on DFAS' webpage, Thailand has been authorized for IDD by the Department of the Treasury.)

6. **Claim Processing.** DFAS is usually slow in processing this claim and requires claimants to provide an SSN or ITIN on the SF-1174 (Part A, Block 1).

7. **Gaining Account Access.** You may 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 1099-Rs, CRSC/CRDP, tax withheld, allotments, etc., can be a goldmine for assistance.

8. **IRS Form 1099-R.** When requesting the deceased retiree's 1099-R, please submit a copy of the certificate of death. The 1099-R cannot be issued until the date of death is confirmed.

9. **Taxation.** DFAS may deduct Foreign Tax for Aliens. Typically, a nonresident alien widow(er) may recover this foreign tax deduction when she/he files an [IRS 1040](#) for the year of the retiree's death, or an [IRS 1040-NR](#), if a year later.

*** Department of Defense (DoD) ***
(Defense Finance and Accounting Service (DFAS))

SECTION - I

Survivor Benefit Plan (SBP)

Action: For Survivor's Named in the Retiree Account Statement (RAS) as being SBP Covered. ("No SBP Election" is also listed.)

Form:

- (1) [DD 2656-7](#) - Verification for Survivor Annuity.
(If Claimant is not a US Citizen or National to Prevent Foreign Tax Withholding.)
- (2) [DFAS CL 5840/26](#) - Affidavit Regarding Citizenship Status.
· Example SF-1174 and DFAS-CL 5840/26:
<https://www.dfas.mil/Portals/98/SF1174ExampleSupplementalForeignAddr.pdf>
- (3) [IRS W-8BEN](#) - Foreign Status for Tax Withholding. ([Instructions](#)) ([Example](#))
· Note: Use IRS W-8BEN to claim a Thai-US Tax Treaty benefit.
(You must complete line 5 by submitting an SSN or ITIN, or line 6 by providing a Foreign Tax Identification Number (Foreign TIN).
(See #4 immediately below for ITIN info.)
· Important: If Claimant is a US Citizen or Resident Alien DO NOT USE.
- (4) [IRS W-7](#) - Application for [Individual Taxpayer Identification Number](#) (ITIN) ([Instructions](#)) If you don't have a Social Security Number (SSN), ITIN or Foreign TIN, and are ineligible for an SSN, apply for an ITIN – usually takes 4-6 weeks to get an ITIN. See page [L-4](#) for additional ITIN information.

(5) [IRS W-4P](#) - Withholding Certificate for Pension/Annuity Payments.

Web:

- (1) https://comptroller.defense.gov/Portals/45/documents/fmr/Volume_07b.pdf
(Note: FMR Volume 07B contains SBP program details; if needed.)
- (2) <https://militarypay.defense.gov/Benefits/Survivor-Benefit-Program/>
- (3) <https://www.dfas.mil/RetiredMilitary/provide/sbp/>

Address: DFAS - US Military Annuitant Pay [10].

Documents: DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with "Certified True" English translation.)

>> Visit weblinks for comprehensive information on DoD's Survivor Benefit Plan.

***** VA DIC dollar-for-dollar offset to SBP was fully repealed effective January 1, 2023 *****

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 Election" is also listed.

2. After reporting the retiree's death to DFAS, the survivor should receive a letter containing the following documents:

- SF-1174 - Claim for Unpaid Compensation of Deceased Member of the Uniformed Service – to claim the retiree's Arrears of Pay.

- Annuity account forms and instructions – if the deceased retiree was enrolled in the Survivor Benefit Plan or the Retired Serviceman's Family Protection Plan.

3. **Certificate of Eligibility or Report of Existence (COE or ROE).** SBP annuitants annually, three months prior to their birthday, are mailed either a COE or ROE which must be correctly completed and returned to DFAS, otherwise SBP pay suspension results. If a COE/ROE has not been received from DFAS, download a blank [COE](#) or [ROE](#) (as applicable), and then complete and promptly mail it to DFAS.

4. **Former Spouse.** Some military retirees have mistakenly continued to pay SBP premiums for a divorced spouse (no agreement or court order in place), or a deceased spouse. These premiums are refundable.

- DoD 7000.14 - R, Volume 7B: "Military Pay Policy - Retired Pay" (w/Updates 08/2012 - 02/2015) (Chapter 45 - SBP Premiums | Table 45-4 - Other Suspension & Termination of Premium Situations): https://comptroller.defense.gov/Portals/45/documents/fmr/current/07b/Volume_07b.pdf

- Note: Return of SBP premiums to a widow(er) who will not be paid the SBP annuity is taxable income earned by the deceased. For the widow(er) it is taxable income.

5. **Taxation.** DFAS typically mails the first payment quickly, but may deduct Foreign Tax for Aliens in the first 2-4 months. The Annuitant Account Statement shows the annuity amount, and tax, if any.

- Nonresident Alien Thai Citizen. After submitting an IRS W-8BEN to DFAS, no Foreign Tax should be deducted ([Thai-US Double Tax Treaty](#)). If it is, it's only temporary until DFAS processes the IRS W-8BEN. This temporary foreign tax deduction can be recovered when the widow(er) files an [IRS 1040](#) for the year of the retiree's death, or an [IRS 1040-NR](#), if a year later.

- Resident Alien and US Citizen or National. The monthly SBP annuity is fully IRS taxed income. An annuitant may prepay this tax via tax withholding (see page [L-5](#)). Check the current IRS standard deduction amount to see if tax is due.

6. **Apply to be a Representative Payee.** See page [I-15](#).

*** Department of Defense (DoD) ***
(US Military Branches of Service)

SECTION - I

TRICARE® Health Benefits - Unclaimed Medical Expenses

- Action:** Claim Medical Expenses - Deceased and/or Survivors.
- Form:** (1) [DD-2642](#) - TRICARE Claim Form.
(2) [DD-2527](#) - Personal Injury - Possible Third-Party Liability.
(3) [Overseas Estate Notification](#) (For Claim Check Issue in Survivor's Name)
(4) [DD-2870](#) - Authorization to Disclose Information (Self-Explanatory)
- Web:** (1) <https://tricare.mil/LifeEvents/DeathinFamily>
(2) <https://www.jusmagthai.com/medical.html#Deceased>
(3) <https://tricare.mil/FormsClaims/Claims/MedicalClaims>
(4) <https://tricare.mil/FormsClaims/Claims/PharmacyClaims>
(5) <https://www.tricare-overseas.com/beneficiaries/claims>
- Address:** (1) Wisconsin Physicians Service [13].
- Documents:** (1) Decedent's or Survivor's DoD USID Card.
(2) Treatment Statements (English-language preferred, but not mandatory).
(3) Doctor, Hospital, etc., Itemized Receipts (English-language preferred).

>> Visit weblinks for comprehensive information on TRICARE Health Benefits Claims.

1. **JUSMAGTHAI TRICARE Office.** It's best to ask the TRICARE office for initial assistance. They will assist and/or advise accordingly. TRICARE staff will also conduct a benefits briefing (if required) and help submit a claim(s). They believe it's much easier to help someone prevent a problem early in the process than to help someone try to sort a difficult issue later.

2. **TRICARE Eligibility.** The sponsor's US military Branch of Service makes the final determination on TRICARE eligibility. TRICARE eligibility status is stipulated in the sponsor's Defense Enrollment Eligibility Reporting System (DEERS) record.

3. **Final Medical Expenses.** Presuming a US military retiree has maintained TRICARE eligibility, a military retiree's final medical expenses "should" be covered by TRICARE (less cost-shares, and less non-covered and non-allowed services). Only a spouse, parent or a court-appointed Guardian of the deceased (see "Form (3)" above) may submit a TRICARE claim for final medical expenses. Survivors may also be eligible to use TRICARE – their eligibility needs to be checked in DEERS.

· It's also possible that a US military retiree may be dual-eligible for the VA Foreign Medical Program (FMP) **and** for TRICARE. TRICARE is comprehensive health care coverage but with cost-shares and co-payments. VA FMP provides limited coverage and does not have cost-shares and co-payments. If dual-eligible, it may be more financially advantageous to file a claim with FMP first.

If FMP (p. [H-15](#)) denies part or all of the claim, unreimbursed medical expenses may then be claimed with TRICARE (or other health insurance) for payment consideration. (**Important:** Double-dipping on the **same** medical expenses is illegal and will be caught during computer records matching.)

4. ***TRICARE Select Overseas***. Enrollment is required if the survivor is a covered beneficiary and elects to participate in TRICARE Select. The enrollment fee is based on [Beneficiary Group A or B](#). Beneficiaries must enroll in a TRICARE plan to be covered for civilian care.

· It's possible that a US military retiree or survivor may have lost eligibility for civilian care under TRICARE Select if he/she had not enrolled, stopped paying the monthly premiums (when premium payment is required), missed one or more payments or had disenrolled. If so, a TRICARE Select Overseas claim for unreimbursed medical expenses will be denied.

- Web: <https://tricare.mil/Plans/HealthPlans/TSO>

- Web: <https://www.tricare-overseas.com/beneficiaries/plans-and-programs/tricare-select-retirees>

5. ***TRICARE For Life (TFL)***. Most US military retirees and survivors age 65 and up must enroll in Medicare Part B (page [D-9](#)) if they wish to retain TRICARE eligibility for civilian care. (**Note:** Some policy exceptions: <https://tricare.mil/Plans/Eligibility/MedicareEligible/NoPartA>.)

· It's possible that a US military retiree or survivor may have lost TRICARE eligibility if he/she had not enrolled in Medicare Part B, stopped paying the monthly premiums, missed one or more payments or had disenrolled. If so, a TFL claim for unreimbursed medical expenses will be denied.

- Web: <https://tricare.mil/Plans/HealthPlans/TFL>

- Web: <https://www.tricare-overseas.com/beneficiaries/plans-and-programs/tricare-for-life>

· Under TRICARE For Life, TRICARE will see the retired service member's deceased status in DEERS – you will not need to notify TRICARE directly.

6. **TRICARE Plan Name?** If unsure which TRICARE health care plan the decedent had (presuming they had one), contact TRICARE's program for retirees at 1-888-838-8738 (toll outside US).

7. Lastly, please be respectful to TRICARE staff and abide by the policy rules set forth by DoD. TRICARE staff do not make TRICARE policy, but it's their responsibility and duty to adhere to it.

TRICARE Pacific Health Benefits Advisor - Thailand

JUSMAGTHAI
TRICARE Services, Room D-110
7 Sathorn Tai Rd.
Bangkok 10120 Thailand

Tel: 02-287-1036 Ext. 511

Fax: 02-287-1575

Email: See webpage.

Web: <https://www.jusmagthai.com/medical.html>

TRICARE: <https://tricare.mil>

TRICARE Overseas: <https://www.tricare-overseas.com/>

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

(Walk-ins limited to 20 minutes. For lengthy/complicated matters, please make an appointment.)

*** Department of Defense (DoD) ***
(US Military Branches of Service)

SECTION - I

TRICARE® Health Benefits - Under Age 65

Action: Benefits Explanation for a Widow(er) under Age 65 of a US Military Retiree.

1. Have the Survivor contact the TRICARE office directly to make an **appointment**.
2. **TRICARE Select Overseas.** Enrollment is required if you are a covered beneficiary and elect to participate in TRICARE Select. The enrollment fee is based on [Beneficiary Group A or B](#). Beneficiaries must enroll in a TRICARE plan to be covered for civilian care.

· It's possible that a US military retiree or survivor may have lost eligibility for civilian care under TRICARE if he/she hadn't enrolled, or had enrolled but stopped paying the premiums or missed a payment(s) (when premium payment is required based on Beneficiary Group A or B). If any of these has occurred, a claim for unreimbursed medical expenses will be denied.

- TRICARE Select Overseas
 - <https://tricare.mil/Plans/HealthPlans/TSO>
 - <https://www.tricare-overseas.com/beneficiaries/plans-and-programs/tricare-select-retirees>

· Important: Monthly premiums for *TRICARE Select Overseas* health care benefits cannot be deducted from survivor benefits. The survivor may need to pay a monthly bill for coverage.

3. Note: *TRICARE Select* is not the only plan, there are others that may be applicable based on case specifics. JUSMAGTHAI TRICARE staff will ask questions and conduct a benefits briefing.
4. Lastly, please be respectful to TRICARE staff and abide by the policy rules set forth by DoD. TRICARE staff do not make TRICARE policy, but it's their responsibility and duty to adhere to it.

TRICARE Pacific Health Benefits Advisor - Thailand

JUSMAGTHAI
TRICARE Services, Room D-110
7 Sathorn Tai Rd.
Bangkok 10120 Thailand

Tel: 02-287-1036 Ext. 511
Fax: 02-287-1575
Email: See webpage.
Web: <https://www.jusmagthai.com/medical.html>

TRICARE: <https://tricare.mil>
TRICARE Overseas: <https://www.tricare-overseas.com/>

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

(Walk-ins limited to 20 minutes. For lengthy/complicated matters, please make an appointment.)

*** Department of Defense (DoD) ***
(US Military Branches of Service)

SECTION - I

**TRICARE[®] For Life (TFL) (Health Benefits) - Age 65 and Up
(or Before Age 65 Due to Certain Disabilities)**

- Action:** (1) Benefits Explanation for a Widow(er) Age 65 and Up of a US Military Retiree.
(2) For a Widow(er) Age 65 and Up of a Military Retiree Eligible for Premium-Free Medicare Part A. (**TFL eligibility requires Medicare Part B Enrollment.**)
- Form:** (1) [CMS-40B](#) - Application for Enrollment in Medicare Part B.
(2) [SSA-10](#) & [SSA-21](#) may also be required by SSA (see “Documents” below).
- Web:** (1) <https://tricare.mil/Plans/HealthPlans/TFL>
(2) https://tricare.mil/Plans/Eligibility/MedicareEligible/Retiree_and_Family
(3) <https://www.tricare-overseas.com/beneficiaries/plans-and-programs/tricare-for-life>
(4) https://www.jusmagthai.com/medical.html#Medicare_TRICARE
- Address:** Federal Benefits Unit (FBU), US Embassy, Manila, PI [38] (Part B Enrollment).
- Documents:** (1) If Receiving SSA Payments: None.
(2) If Not Receiving SSA Payments, Must Apply for SSA Benefits as a Widow(er). See page [D-4](#) for Applying.

>> Visit weblinks for comprehensive information on TRICARE For Life & Medicare Part B.

1. Have the Survivor contact the JUSMAGTHAI TRICARE office directly to make an **appointment**.
2. Enrollment in TRICARE For Life is not required by DoD for age 65 and up nor for Social Security Disability Insurance (SSDI) recipients at any age. However, to retain TRICARE eligibility at age 65, a beneficiary is required to enroll in and pay the Medicare Part B monthly premium in accordance with the [FY 2001 National Defense Authorization Act \(NDAA\)](#) (Public Law 106–398–Oct. 30, 2000) (Section 712, p. 176).
3. Being that TFL eligibility is dependent upon a US military retiree/survivor enrolling in, and paying, the Medicare Part B monthly premium, the following paragraphs primarily discuss Medicare Part B enrollment. (Policy exceptions: <https://tricare.mil/Plans/Eligibility/MedicareEligible/NoPartA>.)
4. The monthly Medicare Part B standard enrollment premium for most new enrollees during 2024 is \$174.70. Actual premium may be higher, based on [income](#).
5. Initial Enrollment Period. For most individuals, at age 65 the widow(er) of a US military retiree loses *TRICARE Select* coverage when she/he becomes eligible for premium-free Medicare Part A as the spouse of a Social Security-eligible worker. If the widow(er) wishes to retain TRICARE eligibility, she/he must enroll in Medicare Part B (see page [D-9](#)) and start paying the Part B premiums.

· Note: A widow(er) over age 65 of a Social Security-eligible military retiree, and not enrolled in Medicare Part B, is not eligible for TRICARE.

· Note: Web #1 above also has information on other Medicare qualification scenarios.

6. General Enrollment Period. Widow(er)s over age 65 and not enrolled in Medicare Part B can enroll during the annual General Enrollment Period of January, February and March each year (Medicare Part B and TRICARE For Life coverage becomes effective the month after enrollment).

7. Late Enrollment. For every 12-month period beyond your Medicare Part B Initial Enrollment Period (based on your 65th birthday, or earlier due to certain disabilities, end-stage renal disease at any age, Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's disease), or mesothelioma), that you wait before you enroll, you incur a 10% surcharge that's added to the monthly premium (for life).

8. Widow(er)s age 65 and up receiving Social Security payments normally have Medicare Part B premiums deducted from their monthly Social Security payments. Widow(er)s age 65 and up not receiving Social Security payments, and enrolled in Medicare Part B, pay premiums out of their own pocket (in Thailand, typically by credit or debit card, or bank check).

9. There is also a possibility that the Medicare Part B premiums for the spouse of a US military retiree were being deducted from the retiree's Social Security payments. This requires the premiums now be deducted from the survivor's Social Security payments, or she/he makes arrangements to pay out-of-pocket (Medicare normally will mail a quarterly invoice).

10. Note: Beneficiaries sometimes have stopped paying their Medicare Part B premiums (for a myriad of reasons). When a TRICARE For Life beneficiary stops paying his/her Medicare Part B monthly premium, their TRICARE eligibility is immediately suspended (the Defense Enrollment Eligibility Reporting System (DEERS) is immediately updated via process automation).

11. Note: *TRICARE For Life* is not the only TRICARE Plan, there are others that may be applicable based on case specifics. JUSMAGTHAI TRICARE staff will ask questions and conduct a benefits briefing.

12. The Regional Social Security Field Office, FBU Manila, helpfully answers Medicare Part B enrollment questions: <https://ph.usembassy.gov/services/social-security/>.

13. Lastly, please be respectful to TRICARE staff and abide by the policy rules set forth by DoD. TRICARE staff do not make TRICARE policy, but it's their responsibility and duty to adhere to it.

TRICARE Pacific Health Benefits Advisor - Thailand

JUSMAGTHAI
TRICARE Services, Room D-110
7 Sathorn Tai Rd.
Bangkok 10120 Thailand

Tel: 02-287-1036 Ext. 511
Fax: 02-287-1575
Email: See webpage.
Web: <https://www.jusmagthai.com/medical.html>

TRICARE: <https://tricare.mil>
TRICARE Overseas: <https://www.tricare-overseas.com/>

Retiree/Survivor Client Service Hours: Tuesday-Wednesday-Thursday: 0800-1100.
(Walk-ins limited to 20 minutes. For lengthy/complicated matters, please make an appointment.)

*** Joint US Military Advisory Group, Thailand ***
(aka JUSMAGTHAI)

SECTION - I

Army Post Office (APO) Box

Action:	Eligible Survivors of US Military Retirees Request an APO Box.
Form:	Sign-up at the JUSMAGTHAI APO.
Web:	N/A
Address:	JUSMAGTHAI APO [8].
Documents:	Retiree Survivor's (Dependent) USID Card.

1. The Chief, JUSMAGTHAI offers the use of the JUSMAGTHAI APO as a privilege to retired US Uniformed Services members and eligible surviving family members.
2. Survivors of US military retirees may be eligible for an APO box (similar to a P.O. box). Unlike a local P.O. box, there is no rental charge to use an APO box. This option is recommended if the survivor lives in an area with unreliable mail delivery service and/or there's no local P.O. box available, **AND** they can easily visit JUSMAGTHAI to pick up their mail at least once every 30 days.
3. The Department of Defense (not JUSMAGTHAI) sets the mail weight limit at 16 ounces (inbound and outbound). Also, current APO rules require the box-holder to pick-up their own mail – they cannot designate another person to retrieve it for them.
4. A survivor would need to first update the decedent's information in DEERS, obtain a new USID card and provide proof of address in Thailand.
5. Please be respectful to APO staff and abide by the policy rules set forth by the Department of Defense. APO staff do not make APO policy, but it's their responsibility and duty to adhere to it.
6. JUSMAGTHAI APO: Email: jusmagthaiapo@jusmagthai.org | Tel: 02-287-1036 Ext. 168.

*** Department of Defense (DoD) ***
(Defense Finance and Accounting Service (DFAS))

SECTION - I

Annuitant's Representative Payee

Action: An Individual Request to be Appointed as Annuitant Beneficiary's Fiduciary.

Form: [DFAS-9415](#) - Representative Payee Certification. ([Checklist](#))

Web: <https://www.dfas.mil/retiredmilitary/survivors/Powers-of-Attorney-Third-Party-Reps-Annuitants/>

Address: DFAS US Military Annuitant Pay [10] (Mail or Fax).

Documents: Incompetency Documentation (from a state court, physician or psychologist).
(OR)
Trust Agreement (designating the representative payee as the individual who is to receive payments on behalf of the annuitant).

>> Visit weblinks for comprehensive information on Annuitant's Representative Payee.

1. A Representative Payee has the ability to make pay-related and non-pay-related changes to the annuitant account at DFAS.
2. A representative payee is appointed by DFAS, not by the annuitant. DFAS will appoint a Representative Payee according to an order of preference (as applicable), with spouse being most preferred, followed by son or daughter, brother or sister, parents, head of federal or state institution, trustee, and finally any other individual whose appointment appears to be in the annuitant's best interest.
3. If the annuitant has been determined to be incompetent to manage financial affairs, attach the determination of incompetency from a state court, physician or psychologist. Please note that once a person has been declared to be incapable of handling their affairs a Power of Attorney of any type is no longer acceptable.

*** Department of Homeland Security (DHS) ***
US Coast Guard (USCG)

SECTION - J

Unpaid Final Retired Pay

Action: Claim Unpaid Final Retired Pay.

Form: (1) [CG-3867](#) - Claim for Final Retired Pay. (May alternatively use [CG-1884](#).)
(2) [IRS W-8BEN](#) - Foreign Status for Tax Withholding. ([Instructions](#)) ([Example](#))
· Note: Use IRS W-8BEN to claim a Thai-US Tax Treaty benefit.
(See #3 immediately below for Line 5 & 6 info.)
· Important: If Claimant is a US Citizen or Resident Alien DO NOT USE.
(3) [IRS W-7](#) - Application for [Individual Taxpayer Identification Number](#) (ITIN) ([Instructions](#)) If you don't have a Social Security Number (SSN), ITIN or Foreign TIN, and are ineligible for an SSN, apply for an ITIN – usually takes 4-6 weeks to get an ITIN. See page [L-4](#) for more ITIN information.

Web: (1) <https://www.dcms.uscg.mil/ppc/ras/>
(2) <https://www.dcms.uscg.mil/Portals/10/CG-1/PPC/RAS/SurvivorGuide.pdf>

Address: USCG Pay & Personnel Center (PPC) - Retirement & Annuitant Services [14].

Documents: (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with “Certified True” English translation.)
(Note: Official death document must state cause of death.)
(2) According to USCG, claimant MAY also need the following:
· DD Form 214 or NOAA Form 56-16 (unless a Reserve with less than 90 days consecutive Active Duty service and no Title 10 recall.)
· Retirement orders.
· Marriage certificate(s) / Divorce decree(s) / Birth certificate(s).

>> Visit weblinks for comprehensive information on USCG's Unpaid Final Retired Pay.

1. Retired pay stops upon the death of the retired member. The next-of-kin must return to PPC all unnegotiated retired paychecks or direct deposit payments disbursed after the retiree's date of death.
2. Claim processing by USCG PPC may be slow, and claimants must provide a Social Security Number (SSN) or an IRS Individual Taxpayer Identification Number (ITIN) (see page [L-4](#)).
3. A family member can also claim the deceased's retired pay for any month prior to death if a check has not been cashed or direct deposit withdrawn. Uncashed checks must be voided and returned to USCG PPC. If no check(s) can be found, USCG PPC will mail the claimant a letter with a form and instructions.

4. See the Retiree Account Statement (RAS) to find if the deceased elected a beneficiary. If none selected, a family member by 'order of precedence' can claim. If no RAS, it may be possible to request a new password be mailed to the address of record in order to access [Retired Direct Access Global Pay Self-Service](#). With a new password and account access it may be possible to find insurance premiums being paid, sometimes next-of-kin, beneficiary of retired pay in arrears, and SBP election. Further, if a former spouse is drawing a percentage that info will also be on the form. Other info such as 1099-Rs, CRSC/CRDP, tax withheld, allotments, etc., can be a goldmine for assistance.

*** Department of Homeland Security (DHS) ***
US Coast Guard (USCG)

SECTION - J

Survivor Annuity

Action: Claim a Survivor Annuity.

Form: (1) [CG-1884](#) - App. for Annuity (SBP, RCSBP, RSFPP) and/or Final Pay Due.
(2) [IRS W-8BEN](#) - Foreign Status for Tax Withholding. ([Instructions](#)) ([Example](#))
· Note: Use IRS W-8BEN to claim a Thai-US Tax Treaty benefit.
(See #3 immediately below for Line 5 & 6 info.)
· Important: If Claimant is a US Citizen or Resident Alien DO NOT USE.
(3) [IRS W-7](#) - Application for [Individual Taxpayer Identification Number](#) (ITIN) ([Instructions](#)) If you don't have a Social Security Number (SSN), ITIN or Foreign TIN, and are ineligible for an SSN, apply for an ITIN – usually takes 4-6 weeks to get an ITIN. See page [L-4](#) for additional ITIN information.

Web: (1) <https://www.dcms.uscg.mil/ppc/ras/>
(2) <https://www.dcms.uscg.mil/ppc/ras/sbp/>
(3) <https://www.dcms.uscg.mil/Portals/10/CG-1/PPC/RAS/SurvivorGuide.pdf>

Address: USCG Pay & Personnel Center (PPC) - Retirement & Annuitant Services [[14](#)].

Documents: (1) DoS Consular Report of Death of a US Citizen Abroad (DS-2060).
(Or: Thai Death Certificate with “Certified True” English translation.)
(Note: Official death document must state cause of death.)
(2) According to USCG, claimant MAY also need the following:
· DD Form 214 or NOAA Form 56-16 (unless a Reserve with less than 90 days consecutive Active Duty service and no Title 10 recall.)
· Retirement orders.
· Marriage certificate(s) / Divorce decree(s) / Birth certificate(s).

>> Visit weblinks for comprehensive information on USCG's Survivor Annuity.

1. See page [J-1](#) for information about Unpaid Final Retired Pay. (Note: When applying for an annuity, there is no need to mail a separate CG Form 3867 to claim Unpaid Final Retired Pay.)
2. USCG PPC requires claimants to provide a Social Security Number (SSN) or an IRS [Individual Taxpayer Identification Number](#) (ITIN) (see page [L-4](#)).

Continued on the next page...

3. **Annual Certificate of Eligibility.** Annuitants under age 55 are required to annually provide PPC (RAS) with certification of eligibility to continue receiving an annuity. PPC (RAS) will notify you of this requirement each year during the month of your birth, and you will be asked to complete, sign, and return a certification form.

4. See the Retiree Account Statement to find if the deceased elected a beneficiary. If none selected, a family member by 'order of precedence' can claim. If no statement, it may be possible to request a new password be mailed to the address of record in order to access [Retired Direct Access Global Pay Self-Service](#). With a new password and account access it may be possible to find insurance premiums being paid, sometimes next-of-kin, beneficiary of retired pay in arrears, and SBP election. Further, if a former spouse is drawing a percentage that info will also be on the form. Other info such as 1099-Rs, CRSC/CRDP, tax withheld, allotments, etc., can be a goldmine for assistance.

*** Department of Homeland Security (DHS) ***
(US Coast Guard)

SECTION - J

New US Uniformed Services Identification (USID) & Privilege Card

Action: New USID Card for Surviving Spouse and Child of a US Coast Guard Retiree.

1. The Defense Enrollment Eligibility Reporting System (DEERS) manages USID card issuance.
2. Visit page [I-2](#) to learn more.

*** Department of Homeland Security (DHS) ***
(US Coast Guard)

SECTION - J

TRICARE® Health Benefits

Action: (1) Claim Medical Expenses for Year of Death Deceased and/or Survivors.
(2) Benefits Explanation for a Widow(er) under Age 65 of a USCG Retiree.
(3) Benefits Explanation for a Widow(er) Age 65 and Up of a USCG Retiree.

1. TRICARE is managed by the Defense Health Agency (DHA) (Department of Defense).
2. Visit pages [I-9 - I-13](#) for TRICARE information (as applicable, based on the survivor's individual situation).

*** Department of Homeland Security (DHS) ***
US Coast Guard (USCG)

SECTION - J

Representative Payee

- Action:** Request to be Appointed as Annuitant's Representative Payee.
- Form:** Instructions will be provided by the USCG Pay & Personnel Center (PPC) - Retirement & Annuitant Services (RAS) Branch.
- Web:** <https://www.dcms.uscg.mil/portals/10/cg-1/ppc/ras/survivorguide.pdf>
- Address:** USCG Pay & Personnel Center - Retirement & Annuitant Services Branch [14].
- Documents:** Instructions will be provided by PPC (RAS).

>> Visit weblink for information on Annuitant's Representative Payee.

1. An annuitant may request a qualified individual be designated (in writing) by the US Coast Guard to represent him or her in doing business with the USCG.
2. If it is necessary to establish an annuity account for a mentally incompetent annuitant, either a court appointed guardianship must be established or a representative payee must be designated by the Coast Guard in accordance with requirements found at [10 USC 1455](#).
 - A Power of Attorney or a Durable Power of Attorney is not acceptable.
 - A Semi-Annual Report of Existence is required when an annuity is payable to a guardian or other representative. Report forms and instructions will be provided by PPC (RAS).
 - For assistance, please contact PPC (RAS) at 1-785-339-2200 (outside US, not toll-free) or 1-866-772-8724 (US, toll-free).

*** Department of the Treasury - GoDirect ***

SECTION - K

Direct Deposit

Form: (1) [SF-1199A](#) - “US ACH” Direct Deposit Sign-up (DFAS, SSA, VA, OPM).
(2) For International Direct Deposit: Please see next page.

Web: <https://th.usembassy.gov/u-s-citizen-services/federal-benefits/>

Address: Address for Agency Sending the Payment (See Section [O](#)).

Documents: (1) Official Government ID Card (Thai or US) or Thai/US Passport.
(2) Customer Identification Document such as a Social Security Number Card, Annuitant ID Card, etc.
(3) For Direct Deposit via US Automated Clearing House (ACH) to a Bangkok Bank special savings account [39]: Letter from the organization(s) authorized to make payments, as evidence of your right to receive the payments from them.

>> Visit weblinks for comprehensive information on Direct Deposit.

1. US Treasury requires federal benefit payments to be made electronically: <https://godirect.gov/>.
2. While it’s true that benefit recipients residing outside of the US are excluded from the Treasury Mandate (31 CFR PART 208) and are not required to receive their federal benefit payments via direct deposit, everyone is **highly encouraged** to enroll in direct deposit due to its advantages.
3. The US Treasury encourages everyone who receives a monthly payment from the US government to sign up for Direct Deposit. With direct deposit, the Treasury will deposit the money directly into your bank account at the same time each month. Direct deposit also provides immediate access to your money from virtually anywhere.
4. Direct deposit also eliminates the risk of stolen checks and forged signatures and helps protect against identity theft. Direct deposit payments cannot be delayed in transit, lost or stolen.
5. In short, when a US Treasury check goes “missing”, it takes a minimum of four months for US Treasury to investigate and reissue a check. A “missing” direct deposit payment (which very rarely occurs and isn’t really missing) is relatively simple and quick to remedy. One such example of a “missing” direct deposit payment was a benefits provider mistakenly adding an extra “zero” to the recipients account number in the transmittal instructions, resulting in the receiving bank rejecting the electronic payment. One phone call to the bank immediately sorted the issue. A same-day email to the benefits provider fixed it on their end. All in all, it took only a few days to resend payment.
6. Overseas participants with US bank accounts can still have their funds direct deposited to a US bank. For direct deposit service to a **Thai bank** your two electronic funds transfer options are: International Direct Deposit (IDD) or US Automated Clearing House (ACH). (See next page.)

• International Direct Deposit (IDD) •

1. In Thailand, direct deposit via IDD can be to any Thai bank participating in the SWIFT system.

· Pros: Not limited to Bangkok Bank. Special account not required. No account restrictions.

· Cons: Funds are sent in Thai Baht (THB) and only to a THB account. Lower exchange rate than the Telegraphic Transfer (TT) rate, plus bank-imposed handling fees are similar to ACH. Posted to account as a domestic transfer. (If needing to prove international transfers, ask your Thai bank for a "Credit Advice" for each transfer.)

* Direct Deposit Sign-Up (IDD):

▸ [Social Security Administration \(SSA\)](#) | ([FBU Manila](#)) [SSA-1199-OP107](#)

▸ [Defense Finance and Accounting Service \(DFAS\)](#) [OF-1199-I](#)

▸ [Office of Personnel Management \(OPM and the Department of Veterans Affairs \(VA\)\)](#):

On the respective VA and OPM monthly survivor benefits claim form, there's an area to include your "US ACH" banking details, but there is no IDD area. So, for IDD, you may "hand write" the following: "International Direct Deposit", "SWIFT Code: <Code>" and your Account Details (appendix [7](#) (form page 17) has an IDD example for Bangkok Bank).

[OR]

You may contact OPM/VA (as the case may be) for their IDD Sign-Up Form and Instructions):

▸ [Office of Personnel Management \(OPM\)](#) Email: retire@opm.gov

(Note: You may also contact [FBU Manila](#) for assistance with OPM Direct Deposit Sign-up.)

▸ [Department of Veterans Affairs \(VA\)](#) Email: DIRECTD.vbamus@va.gov

▸ Other Benefits Providers: Contact the respective agency for their IDD sign-up instructions.

• US Automated Clearing House (ACH) •

1. In Thailand, direct deposit via ACH can only be to a Bangkok Bank "[special savings account](#)". (This is due to Bangkok Bank being the only Thai bank with a US routing transit number.)

· Pros: Funds are sent in US dollars and converted to Thai Baht in Thailand at the TT rate. The exchange rate is higher than with IDD (but there are some handling [fees](#) imposed by Bangkok Bank). Posted to account as an international transfer.

· Cons: Limited to only using Bangkok Bank and with significant account restrictions: Single name on the account (no joint account); no internet banking (ibanking); no ATM/debit card; no checks, and; account holder must appear in-person with their valid passport to withdraw funds.

· Note: Pertaining to direct deposit via US ACH to a Bangkok Bank special savings account, contrary to what you may have heard, the account restrictions are not imposed by the US government – they are part of Bangkok Bank's internal fraud prevention measures.

· Bangkok Bank Global Payment Services, Telephone: 02-230-1323.

* Direct Deposit Sign-Up (ACH):

▸ To a US bank account, or to a Bangkok Bank "special savings account": [SF-1199A](#).

*** Department of the Treasury ***
(GoDirect)

SECTION - K

Direct Express® Card

Action: Apply for a Direct Express® Card.

Form: N/A

Web: <https://www.usdirectexpress.com/>

Address: Address for Agency Sending the Payment (See Section [Q](#)).
(Or Call the Direct Express® Card Enrollment Center at 1-800-333-1795.)

Documents: (1) Official Government ID Card (Thai or US) or Thai/US Passport.
(2) Customer Identification Document such as a Social Security Number Card, Annuitant ID Card, etc.
(3) Letter from the organization(s) authorized to make payments, as evidence of your right to receive the payments from them.

>> Visit weblinks for comprehensive information on the Direct Express® Card.

1. US Treasury requires federal benefit payments to be made electronically: <https://godirect.gov/>.

· Note: Benefit recipients residing outside of the US are excluded from the Treasury Mandate (31 CFR PART 208) and not required to receive their federal benefit payments via direct deposit. However, everyone is highly encouraged to enroll in direct deposit due to its advantages.

2. There's also a prepaid debit card payment option for federal benefit recipients who don't have a bank or credit union account: <https://www.usdirectexpress.com/>.

· Note: Direct Express® card holders must physically safeguard the card and PIN to prevent unauthorized use and loss. Do not share the card and PIN with anyone. Also, card use outside of the US is much costlier than direct deposit.

3. Direct Express® card costs for overseas participants:

- ATM cash withdrawals outside the US might be initially blocked. To allow ATM cash withdrawals outside the US, cardholders must call Direct Express® Customer Service at telephone number 1-765-778-6290 (collect outside the US) or at 1-800-333-1795 if in the US.
- ATM cash withdrawals outside the US are subject to a \$3.00 fee plus 3% of the amount withdrawn. This does not include the surcharge by the ATM owner.
- Purchases at merchant locations outside of the US will be charged 3% of the purchase amount, including cash received back at the time of the purchase.

- Cardholders can obtain teller withdrawals over-the-counter at MasterCard member institutions. (Benefits providers do not have a list of the institutions.)
 - The card may not work at all locations, including ATMs, outside the US.
 - The card is serviced by the US bank (not by the benefits provider).
 - If problems exist with the card, including receiving the card and ATM withdrawals issues, clients should contact Direct Express[®] Customer Service (not the benefits provider and not the Foreign Service Posts) at the numbers previously listed or by visiting the Direct Express[®] website at: <https://www.usdirectexpress.com/>.
 - Question and Answers regarding international use of the card can be found at: <https://www.usdirectexpress.com/faq.html> (FAQ #8).
- Note: Fees are listed here: <https://www.usdirectexpress.com/faq.html> (FAQ #3). As stated above, ATM cash withdrawal using the Direct Express[®] card outside the US is costly: Presently, \$3.00 plus 3% of amount withdrawn and surcharge by ATM owner may apply. ATM owners in Thailand typically charge their own user fees that are in addition to the Direct Express[®] card fees. In Thailand, direct deposit is the much safer, more secure, and less costly electronic method for monthly benefits delivery.

*** Department of the Treasury ***

SECTION - K

Return a US Treasury (UST) Check(s) or Direct Express® Card

Action:	Return a Decedent's Uncashed UST Check(s) or Cancel a Direct Express® Card.
Form:	N/A
Web:	N/A
Address:	Address for Agency Mailing the Check (See Section O).
Documents:	DoS Consular Report of Death of a US Citizen Abroad (DS-2060). (Or: Thai Death Certificate with "Certified True" English translation.)

1. Although rare nowadays in Thailand, there remains a few old school holdouts that still receive monthly annuity payments via US Treasury check. As well, very few have a Direct Express® Card.
2. US Treasury Checks. UST checks cannot legally be cashed after the death of the person named payable on the check, even if there are two names on the check. The benefit provider will delay any future payments until checks are returned. If a check has been cashed (overpayment) it results in a debt to the issuing agency. Mark the check "VOID" and return it to its source.
3. Direct Express® Card. Funds cannot legally be withdrawn after the cardholder's death. For card and account disposition instructions, contact Direct Express® Customer Service directly 24 hours/7 days a week at 1-888-741-1115 (outside US, not toll-free).
4. If there is a Last Will & Testament, the Executor(rix) should return the check to the issuing agency.
5. SSA annuity checks/card can be returned with the SSA Lump-Sum application (page [D-3](#)).
6. OPM annuity checks/card can be returned with the Death Benefits application (page [E-2](#)).
7. DoD military retired pay checks/card can be returned with the Arrears of Pay claim (page [I-5](#)).
8. VA annuity checks can be returned with the Report of Death (page [C-14](#)), Intent to File a Claim for Benefits (page [H-4](#)), or with the application for benefits (pages [H-5 - H-7](#)).
9. VA Foreign Medical Program (FMP). A deceased US military Veteran may possess an uncashed US Treasury check issued by FMP. If so, contact VA FMP [19] for disposition instructions.
10. TRICARE Health Benefits. A deceased US military retiree may possess an uncashed TRICARE claim reimbursement check in USD issued by Wisconsin Physicians Service **or** a TRICARE check in THB issued by Citibank Thailand. If the deceased retiree possesses an uncashed TRICARE reimbursement check, contact the [JUSMAGTHAI TRICARE](#) office for disposition instructions.
11. IRS Checks: See [IRS 1040 Instructions](#).

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

SECTION - L

US Federal Individual Income Tax Return (Decedent)

Action: File a US Federal Individual Income Tax Return for Decedent's Year of Death or for any Prior Years Not Filed.

Form:

- (1) **For Year of Death:** [IRS 1040](#).
- (2) **Year Following Year of Death if Joint Filer is not a US Citizen:** [IRS 1040NR](#).
- (3) [IRS W-7](#) - Application for ITIN ([Instructions](#)). [As Applicable]
- (4) [IRS 1310](#) - Statement of Person Claiming Refund Due a Deceased Taxpayer

Web:

- (1) <http://www.irs.gov>
- (2) <https://www.irs.gov/individuals/file-the-final-income-tax-returns-of-a-deceased-person>
- (3) <http://www.irs.gov/taxtopics/tc356.html> (Decedents)
- (4) <https://www.irs.gov/pub/irs-pdf/p559.pdf> (Survivors/Executors/Admin.)
- (5) <https://www.irs.gov/individuals/international-taxpayers/us-citizens-and-resident-aliens-abroad>
- (6) <http://www.irs.gov/pub/irs-pdf/p54.pdf> (US Citizens & Resident Aliens Abroad)
- (7) <http://www.irs.gov/pub/irs-pdf/p17.pdf> (Federal Income Tax for Individuals)
- (8) <https://th.usembassy.gov/u-s-citizen-services/internal-revenue-service-u-s-taxes/>
- (9) **Tax Preparers:**
<https://www.irs.gov/tax-professionals/choosing-a-tax-professional>
<https://th.usembassy.gov/wp-content/uploads/sites/90/tax-consultants-2020.pdf>

Address: Label Address on the back page of the IRS package, or IRS [28] or [29].

Documents:

- (1) IRS Form 1099-R (Pensions & Annuities).
- (2) IRS Form 1042-S (Survivor Benefit Plan Annuity).
- (3) IRS Form W-2 (Taxable Incomes).
- (4) Other

(See Instructions for [IRS 1040](#) for other requirements.)

>> Visit weblinks for comprehensive information on Filing an Individual Income Tax Return.

1. The widow(er) needs an SSN or [ITIN](#) to file US Income Tax. See page [L-4](#) for ITIN information.
2. If the date of death is early in the year, the deceased may not have mailed a return for the year prior to death. It's also possible that a tax return had not been filed for several years prior to death. It may be in the interest of the surviving spouse to file to recover over-withholding.
3. Check prior-year Tax Returns for other incomes reported. If the deceased was negligent in filing, the widow(er) technically has been filing joint – her/his survivor benefits can be withheld to pay the tax debt.

4. 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.

5. The year of death filing of a tax return cannot be made until the first day of the following year.

6. 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 individual is late in the year, claim unpaid pay as soon as possible so the payment check is dated in the year of death.

7. This paragraph relates to the Department of Veterans Affairs (VA) Dependency and Indemnity Compensation (DIC) dollar-for-dollar offset to the Department of Defense (DoD) Survivor Benefit Plan (SBP). This offset was fully repealed effective January 1, 2023.

· For Tax Year 2022 and prior tax years, the return of SBP premiums to a widow(er) who was not paid the SBP annuity, is taxable income earned by the deceased. For the widow(er) it is taxable income. In many cases this may be a sizeable amount.

· Understanding SBP, DIC and Special Survivor Indemnity Allowance (SSIA)
<https://www.dfas.mil/RetiredMilitary/survivors/Understanding-SBP-DIC-SSIA/>

· SBP-DIC Offset Elimination News
<https://www.dfas.mil/RetiredMilitary/survivors/SBP-DIC-News/>

8. **State & Local Taxes.** It's possible that an Income Tax Return may also need to be filed at the State and Local levels. Learn more: <https://taxadmin.org/fta-members/>.

9. **Property Taxes.** If property is owned in the States, it's likely property taxes need to continue to be paid, else a property lien for unpaid taxes and foreclosure can result.

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

SECTION - L

Survivor Benefits Taxation (General)

1. **General.** IRS taxation is dependent upon an individual's citizenship status and taxable income.
 - Learn more: [IRS Publication 17](#) and [IRS Publication 54](#).
2. **US Citizens & Resident Aliens.** Survivor benefits are generally taxable, with some exceptions:
 - Social Security benefits may be subject to taxation if the total taxable income is large enough.
 - Learn more: [IRS Publication 915](#) and [IRS Notice 703](#).
 - Department of Veterans Affairs (VA) survivor benefits are nontaxable (tax free at source).
3. **Nonresident Aliens.** Excluding US Social Security benefits (see note immediately below), other federal and/or DoD benefits paid to a nonresident alien Thai citizen residing in Thailand are not taxable ([Thai-US Double Tax Treaty](#)). To claim a tax treaty benefit, see paragraph 4 below.
 - **Important:** For a nonresident alien Thai citizen eligible to be paid US Social Security monthly survivor benefits, these payments are taxed (withheld) at source at the effective rate of 25.5%. This [compulsory tax](#) is **not** exempted by the Thai-US Tax Treaty (Article 20) and is non-refundable.
4. [IRS W-8BEN](#) - Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals) ([Instructions](#)).
 - Use IRS W-8BEN to claim a Thai-US Tax Treaty benefit (see appendix [11](#) for an example). (See paragraph 5 below for Line 5 & 6 info.) **Important:** It's a violation of US law for a nonresident alien Thai citizen to use IRS W-8BEN on Social Security benefits (ref. para. 3 above).
5. [IRS W-7](#) - Application for [Individual Taxpayer Identification Number](#) (ITIN) ([Instructions](#))
 - The widow(er) needs an SSN or [ITIN](#) to file US Income Tax. If he/she doesn't have a Social Security Number (SSN), ITIN or Foreign TIN, and is ineligible for an SSN, apply for an ITIN – usually takes 4-6 weeks to get an ITIN. See page [L-4](#) for additional ITIN information.
6. **Additional Information:**
 - <https://www.irs.gov/individuals/international-taxpayers/us-citizens-and-resident-aliens-abroad>
 - <https://th.usembassy.gov/u-s-citizen-services/internal-revenue-service-u-s-taxes/>
 - **Tax Preparers:**
 - <https://www.irs.gov/tax-professionals/choosing-a-tax-professional>
 - <https://th.usembassy.gov/wp-content/uploads/sites/90/tax-consultants-2020.pdf>
7. **State & Local Taxation.** Although uncommon among survivors in Thailand, depending on an individual's citizenship status and taxable income, it's possible that an Income Tax Return may need to be filed at the State and Local levels. Learn more: <https://taxadmin.org/fta-members/>.

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

SECTION - L

US Individual Taxpayer Identification Number (ITIN)

Action: Apply for (or renew) an Individual Taxpayer Identification Number.

Form: [IRS W-7](#) - Application for IRS ITIN. (Example: Appendix [10](#).)

Web:

- (1) <https://www.irs.gov/individuals/individual-taxpayer-identification-number>
- (2) <https://www.irs.gov/individuals/how-do-i-apply-for-an-itin>
- (3) <https://th.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/notaries-public/certified-true-copies-of-a-foreign-passport-for-use-with-individual-taxpayer-identification-number-itin-applications/>

Address: IRS ITIN Operation [[27](#)]. (Note: It typically takes 4-6 weeks to get an ITIN.)

Documents: See IRS W-7 [General Instructions](#).

>> Visit weblinks for comprehensive information on ITINs.

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

2. Presuming a nonresident alien spouse is ineligible to be issued a US Social Security Number, in order to file a joint US Federal Income Tax Return, a nonresident alien spouse must apply for an ITIN and enter it in the block for the Social Security Number on the applicable variant of IRS Form 1040 being used. Further, the IRS will normally delay processing an ITIN application until a tax return is filed unless an ITIN is needed for another reason such as for claiming a tax treaty benefit ([IRS W-8BEN](#) | [Instructions](#) | Example: Appendix [11](#)). (An ITIN is issued by the IRS, not by SSA.)

3. Once the ITIN applicant has assembled the documentation required by the IRS to prove *foreign status* and *identity*, a Thai applicant has three choices for document submission: 1) Send *originals* to the IRS (the IRS will return originals to the applicant); 2) Submit a *Legalized* (authenticated) copy of their Thai documentation that was legalized by the Royal Thai Ministry of Foreign Affairs, or; 3) Make an [appointment](#) to visit US Citizen Services (ACS) ([US Embassy](#) or [US Consulate General](#)) to have their Thai documentation *notarized* by ACS (embossed seal).

- Even though sending original documents to the IRS is an authorized option (the IRS will return originals), the applicant doubles the risk of losing an original document in the mail.

- If the ACS *Notarization* option is chosen, ACS will attach to IRS Form W-7 the notarized copy(ies) of the Thai documentation.

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

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

SECTION - L

Withholding Certificate for Pension or Annuity Payments

Action: Request Federal Income Tax Withholding (FITW) on Benefit Payments.

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

Web: <https://www.irs.gov/forms-pubs/about-form-w-4-p>

Address: Submit to Source of Taxable Income.

Documents: None.

>> Visit weblinks for comprehensive information on a Withholding Certificate.

1. This is only for a widow(er) with US taxable income by the IRS. A US citizen or resident alien receiving monthly federal or Department of Defense benefits could have a net income that is taxable – if the standard deduction does not reduce the benefit amount to zero.
2. If it appears that a federal individual income tax bill will be due (if no preemptive action is taken by the taxpayer), the most convenient method for a taxpayer to use to avoid a large federal tax bill at income tax filing time, is to use IRS W-4P to arrive at the proper monthly withholding amount. (If you decline to submit an IRS W-4P, please see page [L-6](#).) Mail IRS W-4P to the source of the income, not to the IRS.
3. Example: If the taxpayer is receiving US Social Security benefits and is residing in Thailand, submit the completed IRS W-4P to FBU Manila [38].

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

SECTION - L

Estimated Tax for Individuals

- Action:** Pay Estimated Tax (if specific tax situation requires it).
- Form:** [IRS 1040-ES](#) or [IRS 1040-ES \(NR\)](#) (as applicable) - Individuals' Estimated Tax.
- Web:** <https://www.irs.gov/individuals/tax-withholding-estimator>
- Address:** See the form for payment options.
- Documents:** None.
-

>> Visit weblinks for comprehensive information on Estimated Tax information.

1. A US citizen or resident alien receiving monthly federal or Department of Defense (DoD) benefits could have a net income that is taxable – if the standard deduction does not reduce the benefit amount to zero. Although some survivors in Thailand are known to have US investments, needing to pay estimated tax isn't common.
2. If withholding (page [L-5](#)) isn't an option or is insufficient for your tax situation, you may be required to pay estimated tax.
3. In Tax Year 2023, if there will be an estimated tax due of over \$1,000, prepayments must be made ([IRS 1040-ES](#) or [IRS 1040-ES \(NR\)](#), as applicable).
 - The [IRS 1040-ES](#) (or [IRS 1040-ES \(NR\)](#)) package has forms and instructions to prepay once every three months (quarterly) by mail to the IRS.

*** Department of US Treasury ***
(Financial Crimes Enforcement Network (FinCEN))

SECTION - L

Report of Foreign Bank and Financial Accounts (FBAR)

Action: File Annual FBAR for Decedent.

Form: FinCEN Report 114 (filed electronically).

Web: (1) <https://bsaefiling.fincen.treas.gov/main.html>
(2) <https://www.irs.gov/businesses/small-businesses-self-employed/report-of-foreign-bank-and-financial-accounts-fbar>

Address: Filed Electronically.

Documents: Reportable Year Financial Account Statements.

>> Visit weblinks for comprehensive information on FBAR Filing.

1. Who Must File the FBAR? A US person must file an FBAR if they have a financial interest in or signature or other authority over any financial account(s) outside the US and the aggregate amount(s) in the account(s) exceeds \$10,000 at any time during the calendar year.

2. To file the FBAR as an individual, you must personally and/or jointly own a reportable foreign financial account that requires the filing of an FBAR (FinCEN Report 114) for the reportable year. Registration is not required to file the FBAR as an individual.

3. Maximum Account Value. The maximum value of an account is a reasonable approximation of the greatest value of currency and non-monetary assets in the account during the calendar year. US persons may rely on periodic account statements issued at least quarterly to determine the maximum value of the account if the statements fairly reflect the maximum account value during the calendar year. To determine the maximum value of a foreign financial account, first determine the maximum account value in the currency of the account. Then, convert the maximum account value for each account into US dollars using the exchange rate on the last day of the calendar year.

- Exchange Rates: <https://fiscaldata.treasury.gov/datasets/treasury-reporting-rates-exchange/treasury-reporting-rates-of-exchange>

4. When to File. The FBAR is an annual report, due April 15 following the calendar year reported. You're allowed an automatic extension to October 15 if you fail to meet the FBAR annual due date of April 15. You don't need to request an extension to file the FBAR (specific requests for this extension are not required). The FBAR filing deadline will follow the Federal income tax due date guidance, which notes that when the Federal income tax due date falls on a Saturday, Sunday, or legal holiday, the due date is delayed until the next business day.

* Additional Actions *

SECTION - N

1. **Associations and Memberships.** 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. (Note: Some associations provide their members with complementary insurance coverage.)
2. **Medical and Dental Records.** It's not uncommon in Thailand for an individual to have registered with multiple health care providers, to possibly include registering with more than one dental care provider. If so, it's recommended to request a copy of the decedent's records from each records custodian. Additionally, as explained on page [H-2](#) (para. 10), obtaining copies of treatment records may prove highly beneficial if the decedent is a US military Veteran. Ensure copies are obtained *before* closing out the records.
3. **Letters to Family, Friends, Attorneys, etc.** In Thailand, most survivors are unable to write sufficient English so the letter typically is composed by the person assisting.
4. **Et al.** Embedded in section [A](#) are potential additional action items. Every survivor assistance case is unique. Try to assist if the request is reasonable and legal. Thorough survivor preparation will have helped to reduce the potential number of survivor assistance actions that may be needed.
5. **Reminder:** If a survivor is unable to sign their name in English cursive, please see page [B-18](#) for "Witness Signature" (may be used in general instances in addition to applying for benefits).

*** Addresses ***

SECTION - O

• Department of State (DoS)

- [1] Consular Section
U.S. Embassy
95 Wireless Rd.
Bangkok 10330 Thailand
Tel: 02-205-4049 | Operator & After-Hours: 02-205-4000
Fax: 02-205-4103
Email: acsbkk@state.gov
Web: <https://th.usembassy.gov/u-s-citizen-services/>
- [2] U.S. Consulate General Chiang Mai
387 Witchayanond Rd.
Chiang Mai 50300 Thailand
Tel: 053-107-700 | After-Hours: 02-205-4000
Fax: 053-252-633
Email: acschn@state.gov
Web: <https://th.usembassy.gov/u-s-citizen-services/> (Consulate & Embassy are same link)

► Use the applicable “Certified-true-copy by Mail Service” address for these three services:

- 1) Certified true copies of a foreign passport for use with Individual Taxpayer Identification Number (ITIN) applications: <https://th.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/notaries-public/certified-true-copies-of-u-s-passport/>
- 2) Certified true copies of U.S. Passport for use in other purposes: <https://th.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/notaries-public/certified-true-copies-of-u-s-passport/>
- 3) Certified true copies of documents for use with Social Security applications, FBU Manila: <https://th.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/notaries-public/certified-true-copies-of-original-documents-and-foreign-passports-for-use-with-social-security-applications-when-requested-by-fbu-manila/>

- [3] Certified-true-copy by Mail Service
ACS/Consular Section
U.S. Embassy
95 Wireless Rd.
Bangkok 10330 Thailand
- [4] Certified-true-copy by Mail Service
ACS/Consular Section
U.S. Consulate General Chiang Mai
387 Witchayanond Rd.
T. Changmoi, A. Muang
Chiang Mai 50300 Thailand

• **Department of Defense (DoD)**

- [5] JUSMAGTHAI
DEERS, Rm. D-109
7 Sathorn Tai Rd.
Bangkok 10120 Thailand
Tel: 02-287-1036 Ext. 180 | Fax: Not Published (if needed, request it)
Email: jusmagthai@state.gov (general inquiries) (preferred method of contact)
Web: N/A
To Make an Appointment: <https://idco.dmdc.osd.mil/idco/locator> (Bangkok, Thailand)
- [6] JUSMAGTHAI
TRICARE Services, Rm. D-110
7 Sathorn Tai Rd.
Bangkok 10120 Thailand
Tel: 02-287-1036 Ext. 511 | Fax: 02-287-1575
Email: See webpage.
Web: <https://www.jusmagthai.com/medical.html>
- [7] JUSMAGTHAI
Retiree Activities Office, Rm. D-114
7 Sathorn Tai Rd.
Bangkok 10120 Thailand
Tel: 02-287-1036 Ext. 165 | Fax: 02-285-6228
Email: raothailand2@jusmagthai.org
Web: <https://www.jusmagthai.com/rao.html>
- [8] JUSMAGTHAI
Army Post Office (APO), Bldg. "D"
7 Sathorn Tai Rd.
Bangkok 10120 Thailand
Tel: 02-287-1036 Ext. 168
Fax: Not Published (if needed, request it)
Email: jusmagthaiapo@jusmagthai.org
Web: N/A
- | | |
|---|--|
| <p><Box Holder's Name>
JUSMAGTHAI
PSC 720, Box-R #____
APO AP 96502</p> | |
|---|--|
- [9] **[Defense Finance and Accounting Service (DFAS) - US Military Retirement Pay]**
Defense Finance and Accounting Service
U.S. Military Retirement Pay
8899 E 56th Street
Indianapolis IN 46249-1200
Tel: 1-317-212-0551 or 1-800-321-1080 (Monday-Friday, 8:00 am - 5:00 pm (ET))
Fax: 1-800-469-6559
Email: <https://corpweb1.dfas.mil/askDFAS/welcome.action> (Customer Inquiry Portal)
Web: <https://www.dfas.mil/RetiredMilitary/>

- [10] **[Defense Finance and Accounting Service (DFAS) - US Military Annuitant Pay]**
 Defense Finance and Accounting Service
 U.S. Military Annuitant Pay
 8899 E 56th Street
 Indianapolis IN 46249-1300
 Tel: 1-317-212-0551 or 1-800-321-1080 (Monday-Friday, 8:00 am - 5:00 pm (ET))
 Fax: 1-800-982-8459
 Email: <https://corpweb1.dfas.mil/askDFAS/welcome.action> (Customer Inquiry Portal)
 Web: <https://www.dfas.mil/RetiredMilitary/>
- [11] **[Defense Manpower Data Center (DMDC) Support Office - DEERS]**
- | | |
|--|--|
| [Report of Death] | [Update Contact Information] |
| DMDC Support Office | DMDC Support Office |
| ATTN: Research & Analysis | ATTN: COA |
| 400 Gigling Rd. | 400 Gigling Rd. |
| Seaside, CA 93955-6771 | Seaside, CA 93955-6771 |
| Tel: 1-800-538-9522 | (Tel/Fax/Web: Same as Research & Analysis) |
| Fax: 1-800-336-4416 (Primary) or Fax: 1-502-335-9980 (Alternate) Email: N/A | |
| Web: https://milconnect.dmdc.osd.mil/milconnect/public/faq/DEERS-Updating_and_Correcting_DEERS_Data | |
- [12] **[TRICARE Overseas (Pacific Area) - Enrollment]**
 International SOS Government Services, Inc.
 TRR/TRS/TYA Select and TRICARE Select Overseas Enrollments
 P.O. Box 11689
 Philadelphia, PA 19116
 Customer Service Regional Direct: +65-6339-2676 or Toll-Free: 0018004418952
 Enrollment Fax: 1-215-773-2740 (Toll Outside US)
 Enrollment Email: TRICAREenrollments@top.internationalsos.com
 Web: <https://www.tricare-overseas.com/contact-us/country?tricareRegion=pac&country=thailand>
- [13] **[TRICARE Overseas Claims Processor]**
 Wisconsin Physicians Service
 P.O. Box 7985
 Madison, WI 53707-7985
 Tel: 1-877-451-8659 (Claims Inquiries - Toll Outside US)
 Fax: Not Published for Beneficiaries (if needed, request it)
 Email: Use Website Portal
 Web: <https://www.tricare-overseas.com/> (International SOS, Singapore)

• Department of Homeland Security (DHS)

- [14] **[US Coast Guard - Retiree and Annuitant Services]**
 Commanding Officer (RAS)
 U.S. Coast Guard Pay & Personnel Center
 444 S.E. Quincy St.
 Topeka, KS 66683-3591
 Tel: 1-866-772-8724 (US, toll-free) or 1-785-339-2200 (outside US, not toll-free)
 Fax: 1-785-339-3770
 Business Hours: Monday-Friday, 7:30 am to 4:00 pm (Central Time)
 Email: PPC-DG-CustomerCare@uscg.mil | Web: <https://www.dcms.uscg.mil/ppc/ras/>

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

(Note: The “Additional” section contains supplemental VA address information.)

- [15] **[VA - Burial Benefits, Survivors Pension or DIC]**
Department of Veterans Affairs
Pension Intake Center
P.O. Box 5365
Janesville, WI 53547-5365
Tel: N/A (see [45] for Philadelphia Pension Management Center contact info)
Fax: 1-844-655-1604 (US, toll-free) **or** 1-248-524-4260 (outside US, not toll-free)
Web: <https://www.va.gov/pension/pension-management-centers/>
- [16] **[VA - Headstone, Grave Marker or Medallion] [(New) Urn or Commemorative Plaque]**
NCA FP Evidence Intake Center
P.O. Box 5237
Janesville, WI 53547
Tel: 1-800-697-6947
Fax: 1-800-455-7143
Email: mps.headstones@va.gov **or** Email: <https://ask.va.gov/>
Web: <https://www.va.gov/burials-memorials/memorial-items/headstones-markers-medallions/>
- [17] **[VA - Presidential Memorial Certificates]**
NCA FP Evidence Intake Center
P.O. Box 5237
Janesville, WI 53547
Tel: 1-800-697-6947 **or** Tel: 1-202-632-7300
Fax: 1-800-455-7143
Email: pmc@va.gov **or** Email: <https://ask.va.gov/>
Web: <https://www.va.gov/burials-memorials/memorial-items/presidential-memorial-certificates/>
- [18] **[VA - Disability Compensation]**
Department of Veterans Affairs
Evidence Intake Center
P.O. Box 4444
Janesville, WI 53547-4444
Tel: N/A (see [46] for Pittsburgh Regional Benefit Office info)
Fax: 1- 844-531-7818 (US, toll-free) **or** 1-248-524-4260 (outside US, not toll-free)
Web: <https://www.benefits.va.gov/compensation/ mailingaddresses.asp>
- [19] **[VA - Foreign Medical Program (FMP) Claims and General Information]**
VHA Office of Integrated Veteran Care
Foreign Medical Program (FMP)
P.O. Box 469061
Denver, CO 80246-9061
Tel: 1-877-345-8179 (US, toll-free) **or** 1-303-331-7590 (outside US, not toll-free)
Fax: 1-303-331-7803
Email: hac.fmp@va.gov **or** <https://ask.va.gov/> (receive a much quicker response)
Web: <https://www.va.gov/health-care/foreign-medical-program/>

- [20] **[CHAMPVA - Eligibility; Medicare/TRICARE Eligibility; Student Status of Children Ages 18-23; Applications/School Certifications; Change of: Address, Phone #, Marital Status]**
VHA Office of Integrated Veteran Care
ATTN: CHAMPVA Eligibility
P.O. Box 469028
Denver, CO 80246-9028
Tel: 1-800-733-8387 | Fax: 1-303-331-7809
Email: hac.inq@va.gov or <https://ask.va.gov/> or [Contact CHAMPVA](#)
Web: <https://www.va.gov/health-care/family-caregiver-benefits/champva/>
- [21] **[CHAMPVA - General Questions; Information on a Payment; Reprocess a Denied Claim; Other Health Insurance (OHI) Certification Form]**
VHA Office of Integrated Veteran Care
CHAMPVA
P.O. Box 469063
Denver, CO 80246-9063
Tel: 1-800-733-8387 | Fax: 1-303-331-7804
Email: hac.inq@va.gov or <https://ask.va.gov/> or [Contact CHAMPVA](#)
Web: <https://www.va.gov/health-care/family-caregiver-benefits/champva/>
- [22] **[CHAMPVA - Submitting New Claims]**
VHA Office of Integrated Veteran Care
ATTN: CHAMPVA Claims
P.O. Box 469064
Denver, CO 80246-9064
Tel: 1-800-733-8387
Fax: 1-303-331-7804 ... Fax: 1-303-331-7809 (OHI Certifications Only)
Email: hac.inq@va.gov or <https://ask.va.gov/> or [Contact CHAMPVA](#)
Web: <https://www.va.gov/communitycare/programs/dependents/champva/champva-claim.asp>
- [23] **[VA - Dependents Educational Assistance (DEA)]**
Buffalo Regional Processing Office
P.O. Box 4616
Buffalo, NY 14240-4616
Tel: 1-888-442-4551 (US, toll-free) | Tel: 1-918-781-5678 (outside US, not toll-free)
Business Hours: Monday-Friday, 8:00 a.m. - 7:00 p.m. (Eastern Time)
Fax: 1-716-857-3192
Email: PCTC.VBABUF@va.gov or Email: <https://ask.va.gov/>
Web: <https://www.va.gov/education/survivor-dependent-benefits/>
- [24] **[VA - National Direct Deposit Center]**
VA National Direct Deposit Center
Muskogee Regional Office
125 South Main St., Suite B
Muskogee, OK 74401-7004
Tel: 1-781-7550 | Fax: Not Published (if needed, request it)
Business Hours: Monday-Friday, 9:00 a.m. - 5:30 p.m. (Eastern Time)
Email: DIRECTD.VBAMUS@va.gov or Email: <https://ask.va.gov/>
Web: <https://www.va.gov/resources/direct-deposit-for-your-va-benefit-payments/>
Web: <https://www.benefits.va.gov/muskogee/>

• **Major Credit Reporting Agencies**

- [30] Equifax Information Services LLC
Office of Consumer Affairs
P.O. Box 150139
Atlanta, GA 30348
Tel: 1-800-685-1111 | Fax: Not Published (if needed, request it)
Web: <https://www.equifax.com/>
- [31] Experian
P.O. Box 9701
Allen, TX 75013
Tel: 1-888-397-3742 | Fax: Not Published (if needed, request it)
Web: <https://www.experian.com/>
- [32] Trans Union
P.O. Box 6790
Fullerton, CA 92834
Tel: 1-888-909-8872 | Fax: Not Published (if needed, request it)
Web: <https://www.transunion.com/>

• **National Personnel Records Center (NPRC)**

- [33] National Personnel Records Center
(Military Personnel Records)
1 Archives Dr.
St. Louis, MO 63138
Tel: 1-314-801-0800 **or** 1-866-272-6272 | Fax: 1-314-801-9195
Email: mpr.center@nara.gov
Contact Us: <https://www.archives.gov/contact>
Web (Mil): <https://www.archives.gov/personnel-records-center/military-personnel>
- [34] National Personnel Records Center, Annex
(Civilian Personnel Records)
1411 Boulder Blvd.
Valmeyer, IL 62295
Tel: 1-866-272-6272 (Central Cust. Service) | Fax: 618-935-3014
Email: cpr.center@nara.gov
Contact Us: <https://www.archives.gov/contact>
Web (Civ): <https://www.archives.gov/personnel-records-center/civilian-non-archival>

• **Office of Personnel Management (OPM)**

[35] **[Civil Service Retirement (FERS/CSRS)]**

U.S. Office of Personnel Management
Retirement Operations Center
P.O. Box 45
Boyers, PA 16017-0045
Tel: 1-888-767-6738 (US, toll-free) or Tel: 1-202-606-0500 (outside US, not toll-free)
Fax: Not Published (if needed, request it)
Business Hours: Monday-Friday, 7:40 am - 5:00 pm (EST/EDT)
Email: retire@opm.gov
Web: <https://www.opm.gov/retirement-center/>

[36] **[Federal Employees Dental & Vision Insurance Program (FEDVIP)]**

BENEFEDS-FEDVIP
P.O. Box 797
Greenland, NH 03840-0797
Tel: 1-877-888-3337 (US, toll-free) or 1-571-730-5942 (outside US, not toll-free)
Business Hours: Monday-Friday, 9:00 am to 7:00 pm (ET)
(Open Season Call Center Hours: Monday-Friday, 8:00 am to 9:00 pm (ET))
Fax: Not Published (if needed, request it)
Email: <https://www.benefeds.com/contact>
Web: <https://www.benefeds.com/>

[37] **[Federal Long Term Care Insurance Program (FLTCIP) - Enrollment & Claims]**

Long Term Care Partners, LLC
P.O. Box 797
Greenland, NH 03840-0797
Tel: 1-800-582-3337 (US, toll-free) or Tel: 1-571-730-5938 (outside US, not toll-free)
Business Hours: Monday-Friday, 8:00 am to 6:00 pm (ET)
Fax (Claims): 1-866-513-2674
Email (Claims): claimsinfo@lhcpartners.com
Web: <https://www.ltcfeds.com/>

• **Social Security Administration (SSA)**

(Note: The “Additional” section contains supplemental Social Security information.)

[38] **[Social Security Administration - Federal Benefits Unit (FBU), Manila, Philippines]**

U.S. Embassy - Manila
Social Security Administration
1201 Roxas Blvd.
Manila, Philippines 0930
Tel: +63-2-5301-2000 (Option 3 after selecting preferred language)
(Tuesday & Thursday, 8:00-11:00 a.m. Manila Time)
(Closed [US and Philippine Holidays](#))
Fax: +63-2-8708-9714
FBU Inquiry Form: <https://ph.usembassy.gov/services/fbu-inquiry-form>
Web: <https://ph.usembassy.gov/services/social-security/>

• Thailand

[39] [Bangkok Bank - Direct Deposit via US Domestic ACH]

Bangkok Bank PCL
 Currency Exchange Service
 Global Payment Services Department
 333 Silom Rd.
 Bangkok 10500 Thailand
 Tel: 02-645-5555 (24 hours a day, seven days a week)
 Tel: 02-230-1323 (Direct Deposit)
 Fax: Not Published (if needed, request it)
 Email: <https://www.bangkokbank.com/en/Contact-Us> (General Contact)
 Web: <https://www.bangkokbank.com/en/Personal/Other-Services/Transfers/Transferring-Into-Thailand/Transfer-money-from-US-to-Thailand-via-Bangkok-Bank-NewYork-branch>

[40] [Thai Birth Document - When Birth Certificate Not Available at Amphoe]

<p>Census Registration Samnak-Borihaankanntabian Wangchaiya, Nakhon Sawan Rd. Nang Loeng, Dusit Bangkok 10300 Thailand Tel: 02-281-5000 (Office Hours: 8:30 am to 4:30 pm)</p>	<p>ณ สำนักทะเบียนกลาง ตั้งอยู่ที่สำนักบริหารการทะเบียน วังไชยาถนนนครสวรรค์ นางเลิ้ง ดุสิต กทม 10300 ระยะเวลา 08:30-16:30 น.</p>
---	--

[41] [Thai Legalization (Document Authentication)]

Legalization Division, 3rd floor
 Department of Consular Affairs
 Ministry of Foreign Affairs
 123 Chaeng Watthana Road
 Bangkok 10210
 Tel: 02-575-1056/1057/1058/1059 | Fax: 02-575-1054 | Email: consular04@mfa.go.th
 Web: <https://www.mfa.go.th/en/publicservice/naturalization-legalization>
 Service Hours: 8:30 am to 2:30 pm (Closed Saturday, Sunday and Public Holidays)

[42] [US Veterans Service Organizations]

American Legion Post TH01: <https://americanlegionthailand.com/>
 American Legion Post TH02: <https://americanlegionpost02.wixsite.com/home>
 Veterans of Foreign Wars of the US (VFW): <https://vfwpacifidist5.org/di/vfw/v2/default.asp>

• Thrift Savings Plan (TSP)

[43] ThriftLine Service Center

C/O Broadridge Processing
 PO Box 1600
 Newark, NJ 07101-1600
 Tel: 1-877-968-3778 (US, toll-free) or Tel: 1-404-233-4400 (outside US, not toll-free)
 Business Hours: Monday - Friday, 7:00 am to 9:00 pm (ET)
 Fax: 1-866-817-5023 (US, toll-free) or Fax: 1-276-926-8948 (outside US, not toll-free)
 Email: thriftline@tsp.gov (Do not email personally identifiable information or documents.)
 (Please note that you cannot request account transactions by email.)
 Web: <https://www.tsp.gov/>

• **Additional** •

(This section contains supplemental VA and Social Security information.)

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

[44] **[VA - Debt Management Center (DMC)]**

Department of Veterans Affairs

Debt Management Center

P.O. Box 11930

St. Paul, MN 55111-0930

Tel: 1-800-827-0648 (US, toll-free) **or** Tel: 1-612-713-6415 (outside US, not toll-free)

Business Hours: Monday-Friday, 7:30 a.m. - 7:00 p.m. (Eastern Time)

Fax: 1-612-970-5688/5782/5688

Email: dmc.ops@va.gov **or** Email: <https://ask.va.gov/>

Web: <https://www.va.gov/manage-va-debt/>

[45] **[VA - Philadelphia Pension Management Center (PMC)]**

Philadelphia VAROIC

Pension Management Center

5000 Wissahickon Ave.

P.O. Box 8079

Philadelphia, PA 19101

Tel: 1-877-294-6380 (US, toll-free) **or** 1-215-842-2000 (outside US, not toll-free)

Fax: 1-215-381-3113

Email: <https://ask.va.gov/>

Web: <http://www.vba.va.gov/ro/philly/index.htm>

[46] **[VA - Pittsburgh Regional Benefit Office]**

Pittsburgh VA Regional Office

1000 Liberty Ave.

Pittsburgh, PA 15222-4004

Tel: 1-412-395-6272 | Fax: 1-412-395-6184 (Benefits)

Tel: 1-412-395-6160 (appointment for in-person or virtual services)

Email: PCU.VBAPIT@va.gov (appointment for in-person or virtual services)

Email: <https://ask.va.gov/>

Web: <https://benefits.va.gov/benefits/>

Web: <https://www.benefits.va.gov/pittsburgh/>

[47] **[VA - Additional Information]**

Tel: 1-800-827-1000 (VA Benefits - General)

Tel: 1-800-749-8387 (Gulf War Information Helpline)

Helpful Phone Numbers: <https://www.va.gov/resources/helpful-va-phone-numbers/>

Military Exposures (Public Health): <https://www.publichealth.va.gov/exposures/index.asp>

• **Social Security Administration (SSA)**

[48] **[SSA - Already Receiving Benefits] [Note: Should Contact FBU Manila [38] First]**

Social Security Administration
Office of International Operations
P.O. Box 17769
Baltimore, MD 21235-7769

Tel: 1-800-772-1213 (Also use for **Reporting a Death**) (8:00 am to 4:30 pm (ET))

Tel: Specific Help Phone #'s based on Last 2-Digits of SSN; see webpage)

Tel: 1-410-965-9334 (New or Replacement SSN Card)

Fax: 1-410-597-1800

[OR] See Telephone/FBU Inquiry Form [38] (Manila, Philippines)

Web: <http://www.ssa.gov/foreign/index.html>

[49] **[SSA - Not Receiving Benefits - Inquire about Benefit Eligibility]**

[Note: Should Contact FBU Manila [38] First]

Social Security Administration
Office of International Operations
P.O. Box 17775
Baltimore, MD 21235-7775

Tel: Specific Help Phone #'s based on Last 2-Digits of SSN; see webpage)

Fax: 1-410-597-1800

[OR] See Telephone/FBU Inquiry Form [38] (Manila, Philippines)

Web: <http://www.ssa.gov/foreign/index.html>

• **Disclaimer: Contact information and weblinks subject to change without prior notice.**

*** Glossary of Acronyms ***

SECTION - P

ACS	US Citizen Services (New Name, Same Acronym)
ACH	Automated Clearing House
ALS	Amyotrophic Lateral Sclerosis (Lou Gehrig's disease)
AMA	American Medical Association
ANP	Alien Nonpayment Provisions
AOP	Arrears of Pay
APO	Army Post Office
ASAP	As Soon As Possible
ATM	Automated Teller Machine
CDC	Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
CHAMPVA	Civilian Health & Medical Program-VA for the Uniformed Services
CLV	Citizen Liaison Volunteer
CMS	Centers for Medicare and Medicaid Services
COE	Certificate of Eligibility
CRBA	Consular Report of Birth of a US Citizen Abroad
CRDA	Consular Report of Death of a US Citizen Abroad
CRDP	Concurrent Retirement and Disability Pay
CRSC	Combat-Related Special Compensation
CSRS	Civil Service Retirement System
CT	Central Time
DAVPRM	Disabled American Veteran, 100-Percent, Permanent Disability (VA-rated)
DAVTMP	Disabled American Veteran, 100-Percent, Temporary Disability (VA-rated)
DEA	Dependents Educational Assistance
DEERS	Defense Enrollment Eligibility Reporting System
DFAS	Defense Finance and Accounting Service
DHA	Defense Health Agency
DHS	Department of Homeland Security
DIC	Dependency and Indemnity Compensation
DMDC	Defense Manpower Data Center
DMV	Department of Motor Vehicles
DOB	Date of Birth
DoD (or DD)	Department of Defense
DOPA	Department of Provincial Administration (Thailand)
DoS (or DS)	Department of State
DPO	Diplomatic Post Office (managed by US State Department)
DVA (or VA)	Department of Veterans Affairs
ET	Eastern Time
EDT	Eastern Daylight Savings Time
EMS	Express Mail Service
EST	Eastern Standard Time
EVR	Eligibility Verification Report

FAM	Foreign Affairs Manual
FAQ	Frequently Asked Question
FBAR	Foreign Bank and Financial Accounts
FBU	Federal Benefits Unit
FDA	Food and Drug Administration
FEDVIP	Federal Employees Dental and Vision Insurance Program
FEGLI	Federal Employees' Group Life Insurance
FEHB	Federal Employees Health Benefits Program
FEP	Foreign Enforcement Program
FEQ	Foreign Enforcement Questionnaire
FERS	Federal Employees Retirement System
FICA	Federal Insurance Contribution Act
FinCEN	Financial Crimes Enforcement Network
FITW	Federal Income Tax Withholding
FLTCIP	Federal Long Term Care Insurance Program
FMP	Foreign Medical Program (VA)
FPO	Fleet Post Office
FSGLI	Family Servicemembers' Group Life Insurance
GLI	Government Life Insurance
HIPAA	Health Insurance Portability and Accountability Act of 1996
ID	Identification
IDD	International Direct Deposit
IRS	Internal Revenue Service
ITIN	Individual Taxpayer Identification Number
ITF	Intent to File
JUSMAGTHAI	Joint United States Military Advisory Group, Thailand
LOI	Letter of Instruction
MPR	Military Personnel Records
NCA	National Cemetery Administration
NDAA	National Defense Authorization Act
NMI	No Middle Initial
NOAA	National Oceanic and Atmospheric Administration
NOK	Next-of-Kin
NPRC	National Personnel Records Center
NR	Nonresident
OPM	Office of Personnel Management
OF	Optional Form
OMSC	Overseas Military Services Coordinators
OSA	Office of Survivors Assistance

PIN	Personal Identification Number
PMC	Pension Management Center or Presidential Memorial Certificate
PNOK	Primary Next-of-Kin
P.O.	Post Office
PO2	Petty Officer 2nd Class
POC	Point of Contact
POD	Payable on Death
PPC	Pay and Personnel Center
PTR	Private Treatment Records
RAF	Retired Address Finder (also used for Survivors)
RAO	Retiree Activities Office
RAS	Retiree Account Statement or Retiree and Annuitant Services
ROE	Report of Existence
RRB	Railroad Retirement Board
SBP	Survivor Benefit Plan
S-DVI	Service-Disabled Veterans Life Insurance
SF	Standard Form
SFC	Sergeant First Class
SGLI	Servicemembers' Group Life Insurance
SMS	Short Message/Messaging Service
SP	Survivors Pension
Sponsor	Spouse or Parent Entitled to a Department of Defense Military Benefit
SRH	Supplemental S-DVI
SS	Social Security
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSIA	Special Survivor Indemnity Allowance
SSN	Social Security Number
STEP	Smart Traveler Enrollment Program
STR	Service Treatment Records
TBD	To Be Determined
TFL	TRICARE For Life
TOD	Transfer on Death
TRICARE®	Health Care Program for US Military Members, Retirees and their Families
TSGLI	Servicemembers' Group Life Insurance Traumatic Injury Protection
TSO	TRICARE Select Overseas
TT	Telegraphic Transfer
US	United States or Uniformed Services
USA	United States Army
USAF	United States Air Force
U.S.C.	United States Code
USCG	United States Coast Guard
USCIT	United States Citizen
USDT	United States Department of the Treasury
USID	Uniformed Services Identification
USMC	United States Marine Corps
USN	United States Navy
USSF	United States Space Force

VA (or DVA)	Department of Veterans Affairs
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration
VPW	Veterans of Foreign Wars of the United States
VGLI	Veterans' Group Life Insurance
VMLI	Veterans' Mortgage Life Insurance
VoIP	Voice over Internet Protocol
VSO	Veterans Service Organization

What My Family Should Know

A Guide for Getting Your Affairs in Order

Name: _____

Signature: _____

Last Updated: _____

Foreword

We cannot stress too often the importance of getting your personal affairs in order. This process is important for everyone, but even more important for those who often find themselves living away from family and friends. Throughout your life, you have tried to protect your loved ones and now you have a chance to help them at a time when they will need that help the most. Taking the time to plan now and record information for your loved ones will be the most unselfish gifts of love you can give.

What My Family Should Know

Although many of us are efficient in our daily lives and keep meticulous records in our professions, most of us leave inadequate and incomplete records of our economic and personal affairs when we pass away.

When and how your benefits will be paid and how your estate will be settled are many questions that must be answered. This guide has been compiled to help you record the necessary facts for your family, your attorney(s) and your executor/executrix.

Use the “Additional Information” pages (or your own preferred method) to record information not covered elsewhere in this guide, and to also expand upon information where there is insufficient space to properly record it.

You, may of course, use your own preferred method and means to record the applicable information in this guide. Your goal is to help your loved ones should you become incapacitated and upon the eventuality of death.

We suggest you complete this record and store it in a safe place so it will be available for possible revisions by you, and for later use by your family. It is not recommended to keep this guide in your safe deposit box since most are sealed after death (which may require court permission to open).

Full credit for this guide goes to the unsung original author many years ago...

Contents

CATEGORY	PAGE
Foreword	i
Records / Documents / Information List (Safeguard!)	1
My Personal Information	2
Spouse	3
Children	4
Former Spouse(s)	5
Family Registry of Husband & Wife	6
In Case of Emergency/Incapacitation (Who to Notify)	7
Personal Financial Information	9
Income Tax (US / Thai / Other) & US FBAR	14
Personal Medical Information	15
Insurance (Life/Accident/Travel/Health/Other)	16
Real Estate	17
Motor Vehicle Type & Insurance	18
Summary of My Employee Benefits	19
Retirement (Civilian)	20
US Social Security	20
Retirement (US Military)	21
Department of Veterans Affairs	21
Final Wishes	23
Last Will & Testament	24
Living Will or Durable Power of Attorney for Health Care	24
Powers of Attorney & Legal Guardianship	25
Trusts & Trust Funds	25
Organ Donation	25
Associations & Memberships	26
Subscriptions	27
Online Logins & Passwords (General)	28
Personal Files	36
Business Owner Information	38
Additional Information	40

*** Records / Documents / Information List ***
(Safeguard / Not All Inclusive)

- DD-214s - US Military Discharge**
DD-214s เอกสารทหารปลดประจำการ
- US Military ID Card**
บัตรประจำตัวข้าราชการทหารอเมริกัน
- US Naturalization Certificate**
ใบรับรองสัญชาติอเมริกัน
- US Green Card**
เอกสารอนุญาตให้อาศัยในสหรัฐอเมริกา
- US Social Security Card**
บัตรประกันสังคมอเมริกัน
- Thai ID Card**
บัตรประจำตัวประชาชน
- Thai Passport (+ US Passport)**
หนังสือเดินทางของประเทศไทยและสหรัฐอเมริกา
- Marriage Certificate (with English)**
ทะเบียนสมรสพร้อมคำแปลภาษาอังกฤษ
- Divorce Certificate (with English) (for Both)**
ทะเบียนหย่า ของสามีภรรยา (ถ้ามี) พร้อมคำแปลเป็นภาษาอังกฤษ
- Birth Certificate - Spouse (with English)**
สูติบัตรของคู่สมรสพร้อมคำแปลภาษาอังกฤษ
- Birth Certificate - Children (with English)**
สูติบัตรของบุตรพร้อมคำแปลภาษาอังกฤษ
- Adoption Papers**
เอกสารการรับเลี้ยงบุตรบุญธรรม
- US Driver's License**
ใบอนุญาตขับขี่สหรัฐอเมริกา
- Will / LOI / Power of Attorney (still alive)**
พินัยกรรมและจดหมายแนะนำการดำเนินการ / หนังสือมอบอำนาจ (กรณียังมีชีวิต)
- Login Names/Passwords + Social + Email**
พินัยกรรมและจดหมายแนะนำการดำเนินการ / หนังสือมอบอำนาจ (กรณียังมีชีวิต)
- Medical Treatment Records**
เวชระเบียน
- Military Retiree Account Statement (RAS)**
งบบำนาญทหารเกษียณ
- Department of Defense (DoD) Documents**
เอกสารกระทรวงกลาโหม
- Civil Service (OPM) &/or Pension Documents**
เอกสารข้าราชการและ/หรือบำเหน็จบำนาญ
- Social Security (SSA) Documents**
เอกสารประกันสังคม
- Veterans Affairs (VA) Documents**
เอกสารทหารผ่านศึก
- Bank Statements / Documents**
ใบแจ้งยอดบัญชีธนาคาร
- Stocks / Bonds / Other Statements**
ใบหุ้นทุน หุ้นกู้ พันธบัตร หรือการลงทุนอื่นๆ
- Retirement Account Statements / Documents**
งบบัญชีเกษียณอายุ
- Cryptocurrency Account & Wallet**
บัญชี Cryptocurrency และกระเป๋าตังค์
- Credit Cards & Outstanding Debts**
บัตรเครดิตและหนี้ค้างที่ยังต้องชำระ
- Insurance Documents (Life/Accident/Health)**
เอกสารประกันภัย (ชีวิต/อุบัติเหตุ/สุขภาพ)
- Income Tax Records**
เอกสารบันทึกการเสียภาษีเงินได้
- Copies of Property Deeds / Mortgages**
เอกสารโฉนดหรือเอกสารจำนองอสังหาริมทรัพย์
- House Registration Book**
สมุดทะเบียนบ้าน
- Vehicle Title(s)**
เอกสารเจ้าของรถ
- Safe Deposit Box / Safe Combination**
กล่องนิรภัยส่วนบุคคลที่ธนาคาร / รหัสผ่านของตู้นิรภัย
- Association & Organization Membership(s)**
เป็นสมาชิกของสมาคม
- Magazines & Newspapers**
สมัครสมาชิกนิตยสารและหนังสือพิมพ์
- Business Records (if a Business Owner)**
บันทึกทางธุรกิจ (กรณีเป็นเจ้าของกิจการ)

My Personal Information

Your Name:		Email:	
<input type="checkbox"/> SSN or <input type="checkbox"/> ITIN:		Thai <input type="checkbox"/> Visa / <input type="checkbox"/> Extension of Stay - Type:	
Date of Birth:		Place of Birth:	
Birth Certificate Location:			
US Passport #		<input type="checkbox"/> Other Passport(s) (Country & #):	
Location:		(<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK / <input type="checkbox"/> Other: _____ has a copy)	
<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK / <input type="checkbox"/> Other knows how to contact ACS (<input type="checkbox"/> Bangkok or <input type="checkbox"/> Chiang Mai)			
Driver's License: <input type="checkbox"/> Thai / <input type="checkbox"/> US - State:		<input type="checkbox"/> US State ID Card:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Current Marriage - Date:		Place:	
Current Home Address:			
<input type="checkbox"/> Mailing Address is same			
<u>Mailing Address:</u> (If different than home)			
Prior or Permanent Address: (e.g., US address)			
Home Phone:		Work Phone:	
Cell Ph: <input type="checkbox"/> Thai:		<input type="checkbox"/> US: <input type="checkbox"/> Other:	
<input type="checkbox"/> Skype #		<input type="checkbox"/> WhatsApp # <input type="checkbox"/> Other:	
Device(s) used on:		(<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK / <input type="checkbox"/> Other knows)	
<input type="checkbox"/> Working: <input type="checkbox"/> Company or <input type="checkbox"/> Business Name (if Owner; see p.38):			
Address:			
Name (<input type="checkbox"/> Supervisor or <input type="checkbox"/> Business Partner):			
Work Ph:		Cell Ph:	
Work Email:		Home Ph:	
		Website:	
<input type="checkbox"/> US Military Service (also see p. 21) - Branch(es) of Service:			
<input type="checkbox"/> Retiree <input type="checkbox"/> Gray-Area Retiree <input type="checkbox"/> Non-Retired Veteran <input type="checkbox"/> Reservist <input type="checkbox"/> National Guard			
Place of Enlistment:		Date:	
Last Unit:		Location:	
		<input type="checkbox"/> Entry-Level Separation	
Type: <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other Than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable			
<input type="checkbox"/> Original or Certified Copy DD-214(s) (or equivalent) - Location:			
<input type="checkbox"/> US Military ID Card: <input type="checkbox"/> Retired <input type="checkbox"/> DAVPRM <input type="checkbox"/> DAVTMP <input type="checkbox"/> Dependent <input type="checkbox"/> Other			
<input type="checkbox"/> Department of Veterans Affairs (VA) Veteran Health ID Card		<input type="checkbox"/> VA Veteran ID Card	
Note: How to request Veterans' Service Records: https://www.archives.gov/veterans .			
<input type="checkbox"/> Remarks (see "Additional Information" section or <input type="checkbox"/> Continuation sheet/personal letter).			

Last Updated:

Spouse

Name (Last, First, Middle):		Maiden:
<input type="checkbox"/> SSN or <input type="checkbox"/> ITIN:		Citizenship:
Date of Birth:	Place of Birth:	
Birth Certificate Location:		
US Immigration Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Naturalized US Citizen (or <input type="checkbox"/> Application) #		
<input type="checkbox"/> Legal Permanent Resident (aka Resident Alien or Green Card Holder) <input type="checkbox"/> Nonresident Alien		
<input type="checkbox"/> Thai Passport #		(<input type="checkbox"/> Expired) <input type="checkbox"/> US Passport #
<input type="checkbox"/> Other Passport (Country & No.):		(<input type="checkbox"/> Expired)
<input type="checkbox"/> Thai National ID Card and/or <input type="checkbox"/> Other:		
<input type="checkbox"/> Thai Driver's License and/or <input type="checkbox"/> Other:		
<input type="checkbox"/> US Green Card (<input type="checkbox"/> Conditional) (<input type="checkbox"/> Expired) - Expiration Date (<input type="checkbox"/> None):		
<input type="checkbox"/> US Military ID Card: <input type="checkbox"/> Dependent <input type="checkbox"/> Retired <input type="checkbox"/> DAVPRM <input type="checkbox"/> DAVTMP <input type="checkbox"/> Other		
Address: <input type="checkbox"/> Same as page 2		
<input type="checkbox"/> Current / <input type="checkbox"/> Last known		
<input type="checkbox"/> Mailing Address is same		
Mailing Address: (If different than home)		
Home Ph:	Cell Ph:	Work Ph:
Personal Email:		
Monthly Income:		
Financial Assets (Total Value):		
Property (Not House) (Total Value):		
<input type="checkbox"/> Working: <input type="checkbox"/> Company or <input type="checkbox"/> Business Name (if Owner):		
Address:		
Name (<input type="checkbox"/> Supervisor or <input type="checkbox"/> Business Partner):		
Work Ph:	Cell Ph:	Home Ph:
Supervisor's Email:		Spouse's Email:
Website:		
Direct Deposit (US Benefits) - Bank:		Account #
<input type="checkbox"/> US ACH Routing Number:		<input type="checkbox"/> SWIFT Code:
Direct Deposit (Thai Benefits) - Bank:		Account #
Remarks (<input type="checkbox"/> See "Additional Information" section or <input type="checkbox"/> Continuation sheet/personal letter).		

Last Updated:

Children

#1: Name (Last, First, Middle) <input type="checkbox"/> Adult Disabled	Date of Birth	Place of Birth	SSN (Under 18 or Adult Disabled)
Birth Certificate Location:			
<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted (or <input type="checkbox"/> Application Pending) - Citizenship:			
<input type="checkbox"/> US Passport #	<input type="checkbox"/> Thai Passport #	<input type="checkbox"/> Other:	
Mother is <input type="checkbox"/> Current Spouse or <input type="checkbox"/> Former Spouse - Name:			
Father is <input type="checkbox"/> Current Spouse or <input type="checkbox"/> Former Spouse - Name:			
Address: <input type="checkbox"/> Same as p. 2 (or <input type="checkbox"/> See "Additional Information" section or <input type="checkbox"/> Continuation sheet).			
#2: Name (Last, First, Middle) <input type="checkbox"/> Adult Disabled	Date of Birth	Place of Birth	SSN (Under 18 or Adult Disabled)
Birth Certificate Location:			
<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted (or <input type="checkbox"/> Application Pending) - Citizenship:			
<input type="checkbox"/> US Passport #	<input type="checkbox"/> Thai Passport #	<input type="checkbox"/> Other:	
Mother is <input type="checkbox"/> Current Spouse or <input type="checkbox"/> Former Spouse - Name:			
Father is <input type="checkbox"/> Current Spouse or <input type="checkbox"/> Former Spouse - Name:			
Address: <input type="checkbox"/> Same as p. 2 (or <input type="checkbox"/> See "Additional Information" section or <input type="checkbox"/> Continuation sheet).			
#3: Name (Last, First, Middle) <input type="checkbox"/> Adult Disabled	Date of Birth	Place of Birth	SSN (Under 18 or Adult Disabled)
Birth Certificate Location:			
<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted (or <input type="checkbox"/> Application Pending) - Citizenship:			
<input type="checkbox"/> US Passport #	<input type="checkbox"/> Thai Passport #	<input type="checkbox"/> Other:	
Mother is <input type="checkbox"/> Current Spouse or <input type="checkbox"/> Former Spouse - Name:			
Father is <input type="checkbox"/> Current Spouse or <input type="checkbox"/> Former Spouse - Name:			
Address: <input type="checkbox"/> Same as p. 2 (or <input type="checkbox"/> See "Additional Information" section or <input type="checkbox"/> Continuation sheet).			
#4: Name (Last, First, Middle) <input type="checkbox"/> Adult Disabled	Date of Birth	Place of Birth	SSN (Under 18 or Adult Disabled)
Birth Certificate Location:			
<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted (or <input type="checkbox"/> Application Pending) - Citizenship:			
<input type="checkbox"/> US Passport #	<input type="checkbox"/> Thai Passport #	<input type="checkbox"/> Other:	
Mother is <input type="checkbox"/> Current Spouse or <input type="checkbox"/> Former Spouse - Name:			
Father is <input type="checkbox"/> Current Spouse or <input type="checkbox"/> Former Spouse - Name:			
Address: <input type="checkbox"/> Same as p. 2 (or <input type="checkbox"/> See "Additional Information" section or <input type="checkbox"/> Continuation sheet).			
Remarks (<input type="checkbox"/> See "Additional Information" section or <input type="checkbox"/> Continuation sheet/personal letter):			

Last Updated:

Former Spouse(s)

#1: Name (Last, First, Middle):		Maiden:
<input type="checkbox"/> SSN or <input type="checkbox"/> ITIN:		Citizenship:
Date of Birth:	Place of Birth:	
Prior Marriage (to you) - Date:		Place:
<input type="checkbox"/> Divorce or <input type="checkbox"/> Death - Date:		Place:
Location of <input type="checkbox"/> Divorce or <input type="checkbox"/> Death Documentation:		
Marital Status: <input type="checkbox"/> Unremarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
US Immigration Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Naturalized US Citizen (or <input type="checkbox"/> Application) #		
<input type="checkbox"/> Legal Permanent Resident (aka Resident Alien or Green Card Holder) <input type="checkbox"/> Nonresident Alien		
Home Address:		
<input type="checkbox"/> Current / <input type="checkbox"/> Last known		
<input type="checkbox"/> Mailing Address is same		
Mailing Address: (If different than home)		
Home Ph:	Cell Ph:	Work Ph:
Personal Email:		
<input type="checkbox"/> Working: <input type="checkbox"/> Company or <input type="checkbox"/> Business Name (if Owner):		
Work Email:		Website:
#2: Name (Last, First, Middle):		Maiden:
<input type="checkbox"/> SSN or <input type="checkbox"/> ITIN:		Citizenship:
Date of Birth:	Place of Birth:	
Prior Marriage (to you) - Date:		Place:
<input type="checkbox"/> Divorce or <input type="checkbox"/> Death - Date:		Place:
Location of <input type="checkbox"/> Divorce or <input type="checkbox"/> Death Documentation:		
Marital Status: <input type="checkbox"/> Unremarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
US Immigration Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Naturalized US Citizen (or <input type="checkbox"/> Application) #		
<input type="checkbox"/> Legal Permanent Resident (aka Resident Alien or Green Card Holder) <input type="checkbox"/> Nonresident Alien		
Home Address:		
<input type="checkbox"/> Current / <input type="checkbox"/> Last known		
<input type="checkbox"/> Mailing Address is same		
Mailing Address: (If different than home)		
Home Ph:	Cell Ph:	Work Ph:
Personal Email:		
<input type="checkbox"/> Working: <input type="checkbox"/> Company or <input type="checkbox"/> Business Name (if Owner):		
Work Email:		Website:
<input type="checkbox"/> Remarks (see "Additional Information" section or <input type="checkbox"/> Continuation sheet/personal letter).		

Last Updated:

Family Registry of Husband & Wife

• Husband's Parents •				
Father's Name (<input type="checkbox"/> Step):			<input type="checkbox"/> Deceased - Date:	
<input type="checkbox"/> SSN or <input type="checkbox"/> ITIN:		Email:		
Home Address: (Current)				
Home Ph:		Cell Ph:		Work Ph:
Mother's Name (<input type="checkbox"/> Step):			<input type="checkbox"/> Deceased - Date:	
<input type="checkbox"/> SSN or <input type="checkbox"/> ITIN:		Email:		
Home Address: (Current)				
Home Ph:		Cell Ph:		Work Ph:
• Husband's Brothers & Sisters •				
Name	Date of Birth	Place of Birth	Address	
• Wife's Parents •				
Father's Name (<input type="checkbox"/> Step):			<input type="checkbox"/> Deceased - Date:	
<input type="checkbox"/> SSN or <input type="checkbox"/> ITIN:		Email:		
Home Address: (Current)				
Home Ph:		Cell Ph:		Work Ph:
Mother's Name (<input type="checkbox"/> Step):			<input type="checkbox"/> Deceased - Date:	
<input type="checkbox"/> SSN or <input type="checkbox"/> ITIN:		Email:		
Home Address: (Current)				
Home Ph:		Cell Ph:		Work Ph:
• Wife's Brothers & Sisters •				
Name	Date of Birth	Place of Birth	Address	
• Grandchildren •				
Name	Date of Birth	Place of Birth	SSN	Their Parents

Last Updated: _____ (If deceased, annotate date of death next to their name.)

In Case of Emergency/Incapacitation (Who to Notify)

Important Personal Contacts to Notify			
Personal #1:		Relationship:	
Address:			
Home Ph:	Cell Ph:	Work Ph:	
Email:			
Personal #2:		Relationship:	
Address:			
Home Ph:	Cell Ph:	Work Ph:	
Email:			
Personal #3:		Relationship:	
Address:			
Home Ph:	Cell Ph:	Work Ph:	
Email:			
Personal #4:		Relationship:	
Address:			
Home Ph:	Cell Ph:	Work Ph:	
Email:			
Personal #5:		Relationship:	
Address:			
Home Ph:	Cell Ph:	Work Ph:	
Email:			
Personal #6:		Relationship:	
Address:			
Home Ph:	Cell Ph:	Work Ph:	
Email:			
Who <u>NOT</u> to Notify (Name & Relationship):			

Important Business & Other Contacts to Notify

Personal Physician:		Clinic/Hospital:	
Address:			
Work Phone:		Cell Phone:	
Email:		Website:	
Dentist:		Clinic/Hospital:	
Address:			
Work Phone:		Cell Phone:	
Email:		Website:	
Clergy:		Place of Worship:	
Address:			
Work Phone:		Cell Phone:	
Email:		Website:	
Accountant:		Firm:	
Address:			
Work Phone:		Cell Phone:	
Email:		Website:	
Attorney:		Firm:	
Address:			
Work Phone:		Cell Phone:	
Email:		Website:	
<input type="checkbox"/> My Supervisor / <input type="checkbox"/> My Business Partner(s) <input type="checkbox"/> Spouse's Supervisor or <input type="checkbox"/> Spouse's Business Partner(s) <input type="checkbox"/> Bank: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> Brokerage: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> Thrift Savings Plan <input type="checkbox"/> Digital Assets: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> Credit Card: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> Outstanding Debt: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> Insurance: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> Health Insurance/Benefits: <input type="checkbox"/> Employee <input type="checkbox"/> VA <input type="checkbox"/> TRICARE <input type="checkbox"/> Medicare - Part: <input type="checkbox"/> Health Insurance/Benefits: <input type="checkbox"/> Other: <input type="checkbox"/> Homeowners Insurance: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> Mortgage Insurance: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> Motor Vehicle Insurance: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> Pension Provider: <input type="checkbox"/> OPM <input type="checkbox"/> DFAS <input type="checkbox"/> Other: <input type="checkbox"/> Benefits Provider: <input type="checkbox"/> SSA <input type="checkbox"/> VA <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other:			
<input type="checkbox"/> Remarks (see "Additional Information" section or <input type="checkbox"/> Continuation sheet/personal letter).			

Last Updated:

Personal Financial Information

Bank #1:		<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK knows how to transfer funds	
Address:			
Phone:		Fax:	
Email:		Website:	
<input type="checkbox"/> US ACH Routing Number:		<input type="checkbox"/> SWIFT Code:	
<input type="checkbox"/> Checking Account (<input type="checkbox"/> Joint Account) #		<input type="checkbox"/> Direct Deposit of Benefits	
<input type="checkbox"/> Savings Account (<input type="checkbox"/> Joint Account) #		<input type="checkbox"/> Direct Deposit of Benefits	
<input type="checkbox"/> Fixed Deposit Acct / <input type="checkbox"/> Foreign Currency Deposit Acct #		<input type="checkbox"/> Joint Account	
<input type="checkbox"/> Certificate of Deposit #		Certificate Location:	
Name(s) on Acct:		<input type="checkbox"/> Transfer on Death to:	
<input type="checkbox"/> ATM Card / <input type="checkbox"/> Debit Card - Type & No.			PIN:
<input type="checkbox"/> Credit Card - Type & No.		PIN:	<input type="checkbox"/> Balance Insured
<input type="checkbox"/> Safe Deposit Box #		Key Location:	Contents: <input type="checkbox"/> See "Additional Info"
Accessible By (<input type="checkbox"/> Co-Renter) (<input type="checkbox"/> Has copy of Lease Agreement):			
Bank #2:		<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK knows how to transfer funds	
Address:			
Phone:		Fax:	
Email:		Website:	
<input type="checkbox"/> US ACH Routing Number:		<input type="checkbox"/> SWIFT Code:	
<input type="checkbox"/> Checking Account (<input type="checkbox"/> Joint Account) #		<input type="checkbox"/> Direct Deposit of Benefits	
<input type="checkbox"/> Savings Account (<input type="checkbox"/> Joint Account) #		<input type="checkbox"/> Direct Deposit of Benefits	
<input type="checkbox"/> Fixed Deposit Acct / <input type="checkbox"/> Foreign Currency Deposit Acct #		<input type="checkbox"/> Joint Account	
<input type="checkbox"/> Certificate of Deposit #		Certificate Location:	
Name(s) on Acct:		<input type="checkbox"/> Transfer on Death to:	
<input type="checkbox"/> ATM Card / <input type="checkbox"/> Debit Card - Type & No.			PIN:
<input type="checkbox"/> Credit Card - Type & No.		PIN:	<input type="checkbox"/> Balance Insured
<input type="checkbox"/> Safe Deposit Box #		Key Location:	Contents: <input type="checkbox"/> See "Additional Info"
Accessible By (<input type="checkbox"/> Co-Renter) (<input type="checkbox"/> Has copy of Lease Agreement):			
Bank #3:		<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK knows how to transfer funds	
Address:			
Phone:		Fax:	
Email:		Website:	
<input type="checkbox"/> US ACH Routing Number:		<input type="checkbox"/> SWIFT Code:	
<input type="checkbox"/> Checking Account (<input type="checkbox"/> Joint Account) #		<input type="checkbox"/> Direct Deposit of Benefits	
<input type="checkbox"/> Savings Account (<input type="checkbox"/> Joint Account) #		<input type="checkbox"/> Direct Deposit of Benefits	
<input type="checkbox"/> Fixed Deposit Acct / <input type="checkbox"/> Foreign Currency Deposit Acct #		<input type="checkbox"/> Joint Account	
<input type="checkbox"/> Certificate of Deposit #		Certificate Location:	
Name(s) on Acct:		<input type="checkbox"/> Transfer on Death to:	
<input type="checkbox"/> ATM Card / <input type="checkbox"/> Debit Card - Type & No.			PIN:
<input type="checkbox"/> Credit Card - Type & No.		PIN:	<input type="checkbox"/> Balance Insured
<input type="checkbox"/> Safe Deposit Box #		Key Location:	Contents: <input type="checkbox"/> See "Additional Info"
Accessible By (<input type="checkbox"/> Co-Renter) (<input type="checkbox"/> Has copy of Lease Agreement):			

Bank #4:				<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK knows how to transfer funds					
Address:									
Phone:				Fax:					
Email:				Website:					
<input type="checkbox"/> US ACH Routing Number:				<input type="checkbox"/> SWIFT Code:					
<input type="checkbox"/> Checking Account (<input type="checkbox"/> Joint Account) #				<input type="checkbox"/> Direct Deposit of Benefits					
<input type="checkbox"/> Savings Account (<input type="checkbox"/> Joint Account) #				<input type="checkbox"/> Direct Deposit of Benefits					
<input type="checkbox"/> Fixed Deposit Acct / <input type="checkbox"/> Foreign Currency Deposit Acct #				<input type="checkbox"/> Joint Account					
<input type="checkbox"/> Certificate of Deposit #				Certificate Location:					
Name(s) on Acct:				<input type="checkbox"/> Transfer on Death to:					
<input type="checkbox"/> ATM Card / <input type="checkbox"/> Debit Card - Type & No.				PIN:					
<input type="checkbox"/> Credit Card - Type & No.				PIN:		<input type="checkbox"/> Balance Insured			
<input type="checkbox"/> Safe Deposit Box #		Key Location:		Contents:		<input type="checkbox"/> See "Additional Info"			
Accessible By (<input type="checkbox"/> Co-Renter) (<input type="checkbox"/> Has copy of Lease Agreement):									
Brokerage #1:				<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK knows how to transfer funds					
Address:									
Phone:				Fax:					
Email:				Website:					
<input type="checkbox"/> US ACH Routing Number:				<input type="checkbox"/> SWIFT Code:					
<input type="checkbox"/> Stocks (<input type="checkbox"/> Joint Account) - Account #									
<input type="checkbox"/> Bonds (<input type="checkbox"/> Joint Account) - Account #									
<input type="checkbox"/> Retirement Account #				<input type="checkbox"/> Roth IRA		<input type="checkbox"/> Traditional IRA		<input type="checkbox"/> 401(k)	
Name(s) on Acct:				<input type="checkbox"/> Transfer on Death to:					
Brokerage #2:				<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK knows how to transfer funds					
Address:									
Phone:				Fax:					
Email:				Website:					
<input type="checkbox"/> US ACH Routing Number:				<input type="checkbox"/> SWIFT Code:					
<input type="checkbox"/> Stocks (<input type="checkbox"/> Joint Account) - Account #									
<input type="checkbox"/> Bonds (<input type="checkbox"/> Joint Account) - Account #									
<input type="checkbox"/> Retirement Account #				<input type="checkbox"/> Roth IRA		<input type="checkbox"/> Traditional IRA		<input type="checkbox"/> 401(k)	
Name(s) on Acct:				<input type="checkbox"/> Transfer on Death to:					
Brokerage #3:				<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK knows how to transfer funds					
Address:									
Phone:				Fax:					
Email:				Website:					
<input type="checkbox"/> US ACH Routing Number:				<input type="checkbox"/> SWIFT Code:					
<input type="checkbox"/> Stocks (<input type="checkbox"/> Joint Account) - Account #									
<input type="checkbox"/> Bonds (<input type="checkbox"/> Joint Account) - Account #									
<input type="checkbox"/> Retirement Account #				<input type="checkbox"/> Roth IRA		<input type="checkbox"/> Traditional IRA		<input type="checkbox"/> 401(k)	
Name(s) on Acct:				<input type="checkbox"/> Transfer on Death to:					

<input type="checkbox"/> Thrift Savings Plan (TSP)	Records Location:
ThriftLine Service Center C/O Broadridge Processing PO Box 1600 Newark, NJ 07101-1600	
Phone: 1-877-968-3778 (US, toll-free) or Tel: 1-404-233-4400 (outside US, not toll-free)	
Fax: 1-866-817-5023 (US, toll-free) or Fax: 1-276-926-8948 (outside US, not toll-free)	
Email: thriftline@tsp.gov (Do not email personally identifiable information or documents.)	
Website: https://www.tsp.gov/	
Name on Account:	Account #
Type of TSP Investment(s):	
<input type="checkbox"/> Digital Assets - Details are complicated and sensitive; I am using a standalone detailed log and keep it in a secure place. <input type="checkbox"/> Spouse / <input type="checkbox"/> NOK / <input type="checkbox"/> Other: _____ knows its location.	
Digital Assets #1 - Asset Type:	
<input type="checkbox"/> Asset Platform(s):	
<input type="checkbox"/> See "How to Access Platform" Instructions - Location:	
Login:	Password:
<input type="checkbox"/> Multi-Factor Authentication Required - Type:	
<input type="checkbox"/> Digital Wallet - Type(s):	
<input type="checkbox"/> See "How to Access Digital Wallet" Instructions - Location:	
Login:	Password:
<input type="checkbox"/> Multi-Factor Authentication Required - Type:	
Wallet Recovery Phrase (aka Seed Phrase) or <input type="checkbox"/> Location:	
Digital Assets #2 - Asset Type:	
<input type="checkbox"/> Asset Platform(s):	
<input type="checkbox"/> See "How to Access Platform" Instructions - Location:	
Login:	Password:
<input type="checkbox"/> Multi-Factor Authentication Required - Type:	
<input type="checkbox"/> Digital Wallet - Type(s):	
<input type="checkbox"/> See "How to Access Digital Wallet" Instructions - Location:	
Login:	Password:
<input type="checkbox"/> Multi-Factor Authentication Required - Type:	
Wallet Recovery Phrase (aka Seed Phrase) or <input type="checkbox"/> Location:	
Digital Assets #3 - Asset Type:	
<input type="checkbox"/> Asset Platform(s):	
<input type="checkbox"/> See "How to Access Platform" Instructions - Location:	
Login:	Password:
<input type="checkbox"/> Multi-Factor Authentication Required - Type:	
<input type="checkbox"/> Digital Wallet - Type(s):	
<input type="checkbox"/> See "How to Access Digital Wallet" Instructions - Location:	
Login:	Password:
<input type="checkbox"/> Multi-Factor Authentication Required - Type:	
Wallet Recovery Phrase (aka Seed Phrase) or <input type="checkbox"/> Location:	

Other Credit Card Accounts		<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK knows how to pay	
#1: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other:			
Issued by:		Card Number:	<input type="checkbox"/> Balance Insured
Website:		Phone:	
#2: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other:			
Issued by:		Card Number:	<input type="checkbox"/> Balance Insured
Website:		Phone:	
#3: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other:			
Issued by:		Card Number:	<input type="checkbox"/> Balance Insured
Website:		Phone:	
#4: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other:			
Issued by:		Card Number:	<input type="checkbox"/> Balance Insured
Website:		Phone:	
#5: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other:			
Issued by:		Card Number:	<input type="checkbox"/> Balance Insured
Website:		Phone:	
#6: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other:			
Issued by:		Card Number:	<input type="checkbox"/> Balance Insured
Website:		Phone:	
Outstanding Debt (House/Car/Motorbike/Loan/etc.)		<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK knows how to pay	
Creditor #1:		For:	Account #
Loan Amount:	Pay Method:	Frequency:	
Website:		Phone:	
Creditor #2:		For:	Account #
Loan Amount:	Pay Method:	Frequency:	
Website:		Phone:	
Creditor #3:		For:	Account #
Loan Amount:	Pay Method:	Frequency:	
Website:		Phone:	
Creditor #4:		For:	Account #
Loan Amount:	Pay Method:	Frequency:	
Website:		Phone:	
Creditor #5:		For:	Account #
Loan Amount:	Pay Method:	Frequency:	
Website:		Phone:	

Payment Gateways (including Digital Wallets)			
#1:	Acct #	<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK knows how to use	
Linked Bank Name:		Account #	
Website:		Phone:	
Device(s) used on:			
#2:	Acct #	<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK knows how to use	
Linked Bank Name:		Account #	
Website:		Phone:	
Device(s) used on:			
#3:	Acct #	<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK knows how to use	
Linked Bank Name:		Account #	
Website:		Phone:	
Device(s) used on:			
#4:	Acct #	<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK knows how to use	
Linked Bank Name:		Account #	
Website:		Phone:	
Device(s) used on:			
Funds Transfer Services			
#1:	<input type="checkbox"/> Wise - Acct Type:	<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK knows how to use	
Login:		Password:	
Website:		<input type="checkbox"/> 2FA - Type:	
#2:	<input type="checkbox"/> DeeMoney - Acct Type:	<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK knows how to use	
Login:		Password:	
Website:		<input type="checkbox"/> 2FA - Type:	
#3:	<input type="checkbox"/> Western Union - Acct Type:	<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK knows how to use	
Login:		Password:	
Website:		<input type="checkbox"/> 2FA - Type:	
#4:	<input type="checkbox"/> Name & Acct Type:	<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK knows how to use	
Login:		Password:	
Website:		<input type="checkbox"/> 2FA - Type:	
#5:	<input type="checkbox"/> Name & Acct Type:	<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK knows how to use	
Login:		Password:	
Website:		<input type="checkbox"/> 2FA - Type:	
Remarks (<input type="checkbox"/> See "Additional Information" section or <input type="checkbox"/> Continuation sheet/personal letter):			

Last Updated:

Income Tax (US / Thai / Other) & US FBAR

US Individual Income Tax	
<input type="checkbox"/> I file Electronically - Method:	
<input type="checkbox"/> I use Tax Preparation Software or <input type="checkbox"/> Online Service:	
<input type="checkbox"/> I use a Tax Preparer:	
<input type="checkbox"/> I file via Postal Mail.	
<input type="checkbox"/> I file using an ITIN - ITIN #	
<input type="checkbox"/> I am up-to-date on filing annual tax returns.	
Location of copies of my US Tax Returns and associated documents:	
US Report of Foreign Bank and Financial Accounts (FBAR)	
<input type="checkbox"/> I am up-to-date on filing annual FBARs.	
Location of copies of my annual FBARs:	
Thai Personal Income Tax	
<input type="checkbox"/> I have a Taxpayer Identification Number (TIN):	
<input type="checkbox"/> I pay Personal Income Tax.	
<input type="checkbox"/> I am up-to-date on filing annual tax returns.	
<input type="checkbox"/> I only use my TIN to recover interest withholding on my Thai bank account(s).	
Location of copies of my Thai Personal Income Tax Returns and associated documents:	
Other Country Income Tax	
<input type="checkbox"/> Country:	Taxpayer Identification Number (TIN):
<input type="checkbox"/> I pay Personal Income Tax.	
<input type="checkbox"/> I am up-to-date on filing annual tax returns.	
<input type="checkbox"/> I only use my TIN to recover interest withholding on my bank account(s).	
Location of copies of my Personal Income Tax Returns and associated documents:	
Other Country Income Tax	
<input type="checkbox"/> Country:	Taxpayer Identification Number (TIN):
<input type="checkbox"/> I pay Personal Income Tax.	
<input type="checkbox"/> I am up-to-date on filing annual tax returns.	
<input type="checkbox"/> I only use my TIN to recover interest withholding on my bank account(s).	
Location of copies of my Personal Income Tax Returns and associated documents:	
Remarks (<input type="checkbox"/> See “Additional Information” section or <input type="checkbox"/> Continuation sheet/personal letter):	

Last Updated:

Insurance - Life / Accident / Travel / Health / Other

Note: Also see ‘Real Estate’ (p. 17); ‘Motor Vehicles’ (p. 18); ‘Summary of My Employee Benefits’ (p. 19); ‘Retirement (Civilian)’ (p. 20); ‘Retirement (US Military)’ (p. 21), and; ‘Department of Veterans Affairs’ (p. 21).

Company #1:			Sales Agent:		
Insurance Type: <input type="checkbox"/> Life <input type="checkbox"/> Accident <input type="checkbox"/> Travel <input type="checkbox"/> Health <input type="checkbox"/> Other:					
Policy #		Location:		Coverage Amt:	
Beneficiary(ies) (<input type="checkbox"/> Aware):					
Address:					
Work Ph:		Cell Ph:		Home Ph:	
Email:			Website:		
Company #2:			Sales Agent:		
Insurance Type: <input type="checkbox"/> Life <input type="checkbox"/> Accident <input type="checkbox"/> Travel <input type="checkbox"/> Health <input type="checkbox"/> Other:					
Policy #		Location:		Coverage Amt:	
Beneficiary(ies) (<input type="checkbox"/> Aware):					
Address:					
Work Ph:		Cell Ph:		Home Ph:	
Email:			Website:		
Company #3:			Sales Agent:		
Insurance Type: <input type="checkbox"/> Life <input type="checkbox"/> Accident <input type="checkbox"/> Travel <input type="checkbox"/> Health <input type="checkbox"/> Other:					
Policy #		Location:		Coverage Amt:	
Beneficiary(ies) (<input type="checkbox"/> Aware):					
Address:					
Work Ph:		Cell Ph:		Home Ph:	
Email:			Website:		
Company #4:			Sales Agent:		
Insurance Type: <input type="checkbox"/> Life <input type="checkbox"/> Accident <input type="checkbox"/> Travel <input type="checkbox"/> Health <input type="checkbox"/> Other:					
Policy #		Location:		Coverage Amt:	
Beneficiary(ies) (<input type="checkbox"/> Aware):					
Address:					
Work Ph:		Cell Ph:		Home Ph:	
Email:			Website:		
Company #5:			Sales Agent:		
Insurance Type: <input type="checkbox"/> Life <input type="checkbox"/> Accident <input type="checkbox"/> Travel <input type="checkbox"/> Health <input type="checkbox"/> Other:					
Policy #		Location:		Coverage Amt:	
Beneficiary(ies) (<input type="checkbox"/> Aware):					
Address:					
Work Ph:		Cell Ph:		Home Ph:	
Email:			Website:		
<input type="checkbox"/> Remarks (see “Additional Information” section or <input type="checkbox"/> Continuation sheet/personal letter).					

Last Updated:

Real Estate

#1: <input type="checkbox"/> We / <input type="checkbox"/> I / <input type="checkbox"/> Spouse own the Property located at:	
<input type="checkbox"/> Have Deed (<input type="checkbox"/> Chanote) or <input type="checkbox"/> Property Mortgage & Deed held by:	
Lender's Address:	
	Phone:
<input type="checkbox"/> Monthly Payments:	Loan Balance:
Property Value:	
<input type="checkbox"/> Homeowners Insurance Company:	
Policy #	Policy Location:
<input type="checkbox"/> Mortgage Insurance Company:	
Policy #	Policy Location:
#2: <input type="checkbox"/> We / <input type="checkbox"/> I / <input type="checkbox"/> Spouse own other real estate at:	
<input type="checkbox"/> Have Deed (<input type="checkbox"/> Chanote) or <input type="checkbox"/> Property Mortgage & Deed held by:	
Lender's Address:	
	Phone:
<input type="checkbox"/> Monthly Payments:	Loan Balance:
Property Value:	
<input type="checkbox"/> Homeowners Insurance Company:	
Policy #	Policy Location:
<input type="checkbox"/> Mortgage Insurance Company:	
Policy #	Policy Location:
#3: <input type="checkbox"/> We / <input type="checkbox"/> I / <input type="checkbox"/> Spouse own other real estate at:	
<input type="checkbox"/> Have Deed (<input type="checkbox"/> Chanote) or <input type="checkbox"/> Property Mortgage & Deed held by:	
Lender's Address:	
	Phone:
<input type="checkbox"/> Monthly Payments:	Loan Balance:
Property Value:	
<input type="checkbox"/> Homeowners Insurance Company:	
Policy #	Policy Location:
<input type="checkbox"/> Mortgage Insurance Company:	
Policy #	Policy Location:
Real Estate-related deeds, tax documents and pay records are located at:	
<input type="checkbox"/> Remarks (see "Additional Information" section or <input type="checkbox"/> Continuation sheet/personal letter).	

Last Updated:

Motor Vehicles - Auto / Motorcycle / Boat / Trailer / Other

#1 - Make	Model	Year	Registered To	Ownership Status
Insurance Co.:			Sales Agent:	
Policy #	Location:		Coverage Amt:	
Address:				
Work Ph:		Cell Ph:		Home Ph:
Email:			Website:	
#2 - Make	Model	Year	Registered To	Ownership Status
Insurance Co.:			Sales Agent:	
Policy #	Location:		Coverage Amt:	
Address:				
Work Ph:		Cell Ph:		Home Ph:
Email:			Website:	
#3 - Make	Model	Year	Registered To	Ownership Status
Insurance Co.:			Sales Agent:	
Policy #	Location:		Coverage Amt:	
Address:				
Work Ph:		Cell Ph:		Home Ph:
Email:			Website:	
#4 - Make	Model	Year	Registered To	Ownership Status
Insurance Co.:			Sales Agent:	
Policy #	Location:		Coverage Amt:	
Address:				
Work Ph:		Cell Ph:		Home Ph:
Email:			Website:	
#5 - Make	Model	Year	Registered To	Ownership Status
Insurance Co.:			Sales Agent:	
Policy #	Location:		Coverage Amt:	
Address:				
Work Ph:		Cell Ph:		Home Ph:
Email:			Website:	
Remarks (<input type="checkbox"/> See "Additional Information" section or <input type="checkbox"/> Continuation sheet/personal letter):				

Last Updated:

Summary of My Employee Benefits

Health Insurance		
<input type="checkbox"/> Self-only or <input type="checkbox"/> Family	Plan Name:	<input type="checkbox"/> Federal / <input type="checkbox"/> DoD
<input type="checkbox"/> I/we have additional coverage under my spouse's health plan.		
Spouse's Health Plan:		Provided by:
Life Insurance #1		
Insurance Co.:		Sales Agent:
Address:		
Work Ph:	Cell Ph:	Home Ph:
Email:		Website:
Policy #	Location:	Coverage Amt:
Beneficiary(ies) (<input type="checkbox"/> Aware):		
Life Insurance #2		
Insurance Co.:		Sales Agent:
Address:		
Work Ph:	Cell Ph:	Home Ph:
Email:		Website:
Policy #	Location:	Coverage Amt:
Beneficiary(ies) (<input type="checkbox"/> Aware):		
<input type="checkbox"/> Enrolled in another employer-sponsored supplemental insurance plan(s).		
Plan(s):		
Work Leaves & Balances		
As of (date):	Annual Leave (Hours):	Sick Leave (Hours):
<input type="checkbox"/> I am a member of a Medical Leave Sharing Program.		
Beneficiary(ies) (<input type="checkbox"/> Aware):		
Investment Plans		
<input type="checkbox"/> Thrift Savings Plan (TSP) Account (see p. 11)	Current Balance \$	
Beneficiary(ies) (<input type="checkbox"/> Aware):		
<input type="checkbox"/> Participant in another employer investment plan:		
Beneficiary(ies) (<input type="checkbox"/> Aware):		
Remarks (<input type="checkbox"/> See "Additional Information" section or <input type="checkbox"/> Continuation sheet/personal letter):		

Last Updated:

Retirement (Civilian)

Office of Personnel Management (OPM)	
<input type="checkbox"/> Civil Service Retirement System (CSRS) or <input type="checkbox"/> Federal Employees Retirement System (FERS)	
<input type="checkbox"/> Retired or <input type="checkbox"/> Retirement eligible (date):	Monthly Net Amt \$
<input type="checkbox"/> Paying Survivor Annuity premiums for my spouse: <input type="checkbox"/> Full / <input type="checkbox"/> Partial	
<input type="checkbox"/> Paying Survivor Annuity premiums for my former spouse: <input type="checkbox"/> Full / <input type="checkbox"/> Partial	
<input type="checkbox"/> Paying Federal Employees' Group Life Insurance (FEGLI) premiums.	
Billing Frequency (<input type="checkbox"/> Auto-Pay):	Coverage \$
Beneficiary(ies) (<input type="checkbox"/> Aware):	
<input type="checkbox"/> Enrolled in Federal Employees' Health Benefits (FEHB) Program.	
<input type="checkbox"/> Employee or <input type="checkbox"/> Retirement Acct. - Login:	Password:
<input type="checkbox"/> Due to prior military or federal service, I have been advised that I may need to pay either a deposit or a re-deposit to fully receive credit for that service.	
<input type="checkbox"/> Deposits/re-deposits have been paid - Amount \$	
Other Pension Source #1:	
<input type="checkbox"/> Retired or <input type="checkbox"/> Retirement eligible (date):	Monthly Net Amt:
<input type="checkbox"/> Paying Survivor Annuity premiums for my spouse: <input type="checkbox"/> Full / <input type="checkbox"/> Reduced	
<input type="checkbox"/> Paying Survivor Annuity premiums for my former spouse: <input type="checkbox"/> Full / <input type="checkbox"/> Reduced	
<input type="checkbox"/> Legalization of these documents will be required:	
Other Pension Source #2:	
<input type="checkbox"/> Retired or <input type="checkbox"/> Retirement eligible (date):	Monthly Net Amt:
<input type="checkbox"/> Paying Survivor Annuity premiums for my spouse: <input type="checkbox"/> Full / <input type="checkbox"/> Reduced	
<input type="checkbox"/> Paying Survivor Annuity premiums for my former spouse: <input type="checkbox"/> Full / <input type="checkbox"/> Reduced	
<input type="checkbox"/> Legalization of these documents will be required:	
<input type="checkbox"/> My spouse is aware that she/he may be eligible for a monthly survivor annuity.	
Amount:	Restrictions/Limitations:
<input type="checkbox"/> Remarks (see "Additional Information" section or <input type="checkbox"/> Continuation sheet/personal letter).	

US Social Security

<input type="checkbox"/> Claimed or <input type="checkbox"/> Receiving Social Security Retirement Benefits	Monthly Net Amt \$
<input type="checkbox"/> Claimed or <input type="checkbox"/> Receiving Social Security Disability Insurance	Monthly Net Amt \$
Disability Issue(s) Alleged:	
Disability Impairment(s) Established:	
<input type="checkbox"/> Enrolled in Medicare Part B.	
<input type="checkbox"/> My spouse is aware that she/he (<input type="checkbox"/> and the children) may qualify for Social Security benefits.	
<input type="checkbox"/> Remarks (see "Additional Information" section or <input type="checkbox"/> Continuation sheet/personal letter).	

Last Updated:

Retirement (US Military) - Department of Defense (DoD)

<input type="checkbox"/> Retired or <input type="checkbox"/> Retirement Eligible - Date (for either):		Monthly Amt \$
<input type="checkbox"/> Retired for Longevity or <input type="checkbox"/> Medically-Retired (%)	<input type="checkbox"/> Spouse has a 'Dependent ID Card'	
<input type="checkbox"/> Receiving Combat-Related Special Compensation (%)	Monthly Amt \$	
<input type="checkbox"/> Receiving Concurrent Retirement & Disability Pay (see 'VA')	Monthly Amt \$	
<input type="checkbox"/> Paying Survivor Benefit Plan premiums for my spouse: <input type="checkbox"/> Full / <input type="checkbox"/> Reduced		
<input type="checkbox"/> Paying Survivor Benefit Plan premiums for my former spouse: <input type="checkbox"/> Full / <input type="checkbox"/> Reduced		
<input type="checkbox"/> DFAS myPay - Login:	Password:	
<input type="checkbox"/> 2FA - Type:		
Enrolled in <input type="checkbox"/> TRICARE® Select or <input type="checkbox"/> Medicare Part B and am eligible for TRICARE® For Life.		
<input type="checkbox"/> Enrolled in Direct Deposit for reimbursement of my TRICARE Overseas claims.		
<input type="checkbox"/> TRICARE Overseas Acct - Login:	Password:	
<input type="checkbox"/> JUSMAGTHAI APO Box-R #		
<input type="checkbox"/> Remarks (see "Additional Information" section or <input type="checkbox"/> Continuation sheet/personal letter).		

Department of Veterans Affairs (VA)

VA Claims File #	<input type="checkbox"/> Accredited Representative:		
Combined Disability Rating: %	Effective Date:	<input type="checkbox"/> Permanent	<input type="checkbox"/> TDIU
Receiving <input type="checkbox"/> Compensation or <input type="checkbox"/> Pension, and <input type="checkbox"/> SMC (see p. 22)	Total Monthly \$		
I have a <input type="checkbox"/> DAVPRM / <input type="checkbox"/> DAVTMP DoD ID Card	<input type="checkbox"/> Spouse has a 'Dependent' DoD ID Card		
<input type="checkbox"/> Awaiting Claim Decision - Issue(s) Claimed:			
<input type="checkbox"/> Awaiting Appeal Decision - Issue(s) Appealed:			
<input type="checkbox"/> Registered with (<input type="checkbox"/> and using) VA Foreign Medical Program (FMP).			
<input type="checkbox"/> Enrolled in (<input type="checkbox"/> and using) VA Health Care (to use a VA medical facility).			
<input type="checkbox"/> Using GI Bill benefits - School:	Field:		
<input type="checkbox"/> eBenefits Account - Login:	Password:		
<input type="checkbox"/> VA.gov Account - Login:	Password:		
<input type="checkbox"/> My dependents are eligible for (<input type="checkbox"/> and are using) CHAMPVA Health Care benefits.			
<input type="checkbox"/> My dependents are eligible for (<input type="checkbox"/> and are using) Dependents' Educational Assistance (DEA).			
<input type="checkbox"/> Veterans' Group Life Insurance (VGLI)	Coverage \$		
Billing Frequency (<input type="checkbox"/> Auto-Pay): <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually			
Beneficiary(ies) (<input type="checkbox"/> Aware):			
<input type="checkbox"/> S-DVI (<input type="checkbox"/> Premium Waived by VA) or <input type="checkbox"/> VALife (replaced S-DVI)	Coverage \$		
Billing Frequency (<input type="checkbox"/> Auto-Pay): <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually			
Beneficiary(ies) (<input type="checkbox"/> Aware):			
<input type="checkbox"/> Other VA Insurance - Name:	Coverage \$		
Billing Frequency (<input type="checkbox"/> Auto-Pay): <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually			
Beneficiary(ies) (<input type="checkbox"/> Aware):			

Final Wishes

Church/Temple Preference:		Clergy:
Phone:	Email:	
Website:		
Religious Affiliation:		
Funeral Home Preference:		Website:
Phone:	Email:	
I wish to have funeral services held at:		
<input type="checkbox"/> I have a Prepaid Burial Plan.		
I wish: <input type="checkbox"/> Cremation <input type="checkbox"/> Interment <input type="checkbox"/> Entombment <input type="checkbox"/> See "Organ Donation" (p. 25).		
My choice of cemetery is:		
<input type="checkbox"/> I own a plot. The plot is in the name of:		
Location of deed for plot:		
I would like to have the following individuals act as pallbearers:		
If cremated, what do you wish to be done with your ashes?		
<input type="checkbox"/> I would like an obituary published (<input type="checkbox"/> I am aware of the ' Ghosting Scam ').		
Please list the following in my obituary:		
<input type="checkbox"/> I am eligible for US Military Funeral Honors.		
<input type="checkbox"/> I am eligible for Department of Veterans Affairs (VA) Burial Benefits.		
Musical Selections:		
Special Requests for Funeral Service (<input type="checkbox"/> See "Additional Information" section or <input type="checkbox"/> Continuation sheet/personal letter):		

Last Updated:

Last Will & Testament

An attorney can best advise you if you need to execute a Will. While it's possible to create a Will using various software packages, it is not advisable to do so without having it reviewed by an attorney. Even copying an old Will could be a problem if you have changed your home of record or have any changes in your family or your assets.

<input type="checkbox"/> I have a Will for US Assets - Will Dated:		Location:
Attorney handling my Will is:		
Law Firm:		Website:
Work Ph:	Cell Ph:	Email:
The Executor(trix) is:		Relationship:
Home Ph:	Cell Ph:	Work Ph:
Email:		
<input type="checkbox"/> I have a Will for Thai Assets - Will Dated:		Location:
Attorney handling my Will is:		
Law Firm:		Website:
Work Ph:	Cell Ph:	Email:
The Executor(trix) is:		Relationship:
Home Ph:	Cell Ph:	Work Ph:
Email:		
<input type="checkbox"/> I desire Repatriation (<input type="checkbox"/> Cremains / <input type="checkbox"/> Casket) Funding Source:		
Person handling my repatriation:		Relationship:
Remarks (<input type="checkbox"/> See "Additional Information" section or <input type="checkbox"/> Continuation sheet/personal letter):		

Living Will or Durable Power of Attorney for Health Care

Individuals may also wish to execute a Living Will or Durable Power of Attorney for Health Care that instructs family members and physicians what steps they may want taken should they become unable to make health care decisions for themselves. Since copies of these documents may not be accepted by a physician, you should ensure that signed originals should be given to your private physician, your family members and possibly your attorney.

I have a <input type="checkbox"/> Living Will or <input type="checkbox"/> Durable Power of Attorney for Health Care.
<input type="checkbox"/> It has been given to:
Location(s) of my copy:
Remarks (<input type="checkbox"/> See "Additional Information" section or <input type="checkbox"/> Continuation sheet/personal letter):

Last Updated:

Power of Attorney & Legal Guardianship

An attorney can best advise you regarding a Power of Attorney (POA). While many can be done without the use of an attorney, the money is well spent if it ensures you and your family that your affairs are in order. **Important: A Power of Attorney expires when the grantor expires.**

<input type="checkbox"/> I granted a POA for:	POA Location:
<input type="checkbox"/> Legal Guardianship Documents - Location:	
Remarks (<input type="checkbox"/> See “Additional Information” section or <input type="checkbox"/> Continuation sheet/personal letter):	

Trusts & Trust Funds

A Trust is an agreement used to specify how certain assets will be managed and distributed. A Trust Fund is the legal entity those assets are placed into when the Trust is created.

You may wish to seek the advice of your attorney and investment counselor to determine if establishing a Trust Fund would be beneficial. There are many types of Trust Funds for various purposes and each must be done by an attorney. Just remember that if you are setting up a trust fund and want your employee benefits to be paid into the trust, then you must update your beneficiary forms to reflect this.

<input type="checkbox"/> I have a Trust Fund - Type & Name:
Trustee Name:
Remarks (<input type="checkbox"/> See “Additional Information” section or <input type="checkbox"/> Continuation sheet/personal letter):

Organ Donation

<input type="checkbox"/> I DO NOT want any of my organs donated.
<input type="checkbox"/> I would like to donate ANY organs needed for transplant.
<input type="checkbox"/> I would like to donate my body for research.
<input type="checkbox"/> I would like to donate only the following organs for transplant/research:
Remarks (<input type="checkbox"/> See “Additional Information” section or <input type="checkbox"/> Continuation sheet/personal letter):

Last Updated:

Associations & Organizational Memberships

<input type="checkbox"/> I have a separate list of Names, Logins & Passwords - Location:		
<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK (<input type="checkbox"/> Other: _____) has a list <input type="checkbox"/> Knows how to contact them		
<input type="checkbox"/> Has instructions how to access accounts (<input type="checkbox"/> Knows how to use Authenticator App, if required)		
#1:		<input type="checkbox"/> Lifetime or <input type="checkbox"/> Expires:
<input type="checkbox"/> Insurance - Type:	Policy #	Coverage Amt:
Login:	PIN:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#2:		<input type="checkbox"/> Lifetime or <input type="checkbox"/> Expires:
<input type="checkbox"/> Insurance - Type:	Policy #	Coverage Amt:
Login:	PIN:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#3:		<input type="checkbox"/> Lifetime or <input type="checkbox"/> Expires:
<input type="checkbox"/> Insurance - Type:	Policy #	Coverage Amt:
Login:	PIN:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#4:		<input type="checkbox"/> Lifetime or <input type="checkbox"/> Expires:
<input type="checkbox"/> Insurance - Type:	Policy #	Coverage Amt:
Login:	PIN:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#5:		<input type="checkbox"/> Lifetime or <input type="checkbox"/> Expires:
<input type="checkbox"/> Insurance - Type:	Policy #	Coverage Amt:
Login:	PIN:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#6:		<input type="checkbox"/> Lifetime or <input type="checkbox"/> Expires:
<input type="checkbox"/> Insurance - Type:	Policy #	Coverage Amt:
Login:	PIN:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		

Subscriptions

<input type="checkbox"/> I have a separate list of Names, Logins & Passwords - Location:	
<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK (<input type="checkbox"/> Other: _____) has a list <input type="checkbox"/> Knows how to contact them <input type="checkbox"/> Has instructions how to access accounts (<input type="checkbox"/> Knows how to use Authenticator App, if required)	
#1:	<input type="checkbox"/> Lifetime or <input type="checkbox"/> Expires:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#2:	<input type="checkbox"/> Lifetime or <input type="checkbox"/> Expires:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#3:	<input type="checkbox"/> Lifetime or <input type="checkbox"/> Expires:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#4:	<input type="checkbox"/> Lifetime or <input type="checkbox"/> Expires:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#5:	<input type="checkbox"/> Lifetime or <input type="checkbox"/> Expires:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#6:	<input type="checkbox"/> Lifetime or <input type="checkbox"/> Expires:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
Remarks (Associations & Organizational Memberships + Subscriptions) (<input type="checkbox"/> See "Additional Information" section or <input type="checkbox"/> Continuation sheet/personal letter): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

Last Updated:

Online Logins & Passwords (General)

<input type="checkbox"/> I have a separate list of Logins & Passwords - Location:	
<input type="checkbox"/> Authenticator App - <input type="checkbox"/> Spouse / <input type="checkbox"/> NOK (<input type="checkbox"/> Other: _____) knows how to use	
Email Address / Messaging & Chat / Social Media / Streaming Service / Vlogger	
#1: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#2: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#3: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#4: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#5: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#6: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	

#7: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#8: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#9: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#10: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#11: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#12: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#13: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	

#14: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#15: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#16: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#17: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#18: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#19: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	
#20: <input type="checkbox"/> Email <input type="checkbox"/> Messaging & Chat <input type="checkbox"/> Social Media <input type="checkbox"/> Streaming Service <input type="checkbox"/> Vlogger	
Name:	Device(s) Used:
Login:	PIN:
Password:	Authentication Type:
Account or Member # / Security Answer / Note:	

eCommerce		
#1:	Device(s) Used:	
Login:	PIN:	<input type="checkbox"/> Buyer / <input type="checkbox"/> Seller / <input type="checkbox"/> Both
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#2:	Device(s) Used:	
Login:	PIN:	<input type="checkbox"/> Buyer / <input type="checkbox"/> Seller / <input type="checkbox"/> Both
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#3:	Device(s) Used:	
Login:	PIN:	<input type="checkbox"/> Buyer / <input type="checkbox"/> Seller / <input type="checkbox"/> Both
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#4:	Device(s) Used:	
Login:	PIN:	<input type="checkbox"/> Buyer / <input type="checkbox"/> Seller / <input type="checkbox"/> Both
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#5:	Devices Used:	
Login:	PIN:	<input type="checkbox"/> Buyer / <input type="checkbox"/> Seller / <input type="checkbox"/> Both
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#6:	Device(s) Used:	
Login:	PIN:	<input type="checkbox"/> Buyer / <input type="checkbox"/> Seller / <input type="checkbox"/> Both
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#7:	Device(s) Used:	
Login:	PIN:	<input type="checkbox"/> Buyer / <input type="checkbox"/> Seller / <input type="checkbox"/> Both
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#8:	Device(s) Used:	
Login:	PIN:	<input type="checkbox"/> Buyer / <input type="checkbox"/> Seller / <input type="checkbox"/> Both
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		

Electronic Road Toll Collection		
<input type="checkbox"/> Easy Pass (Thailand) - Account #		Top-Up Method:
Login:	Password:	
<input type="checkbox"/> M-Pass (Thailand) - Account #		Top-Up Method:
Login:	Password:	
<input type="checkbox"/> M-Flow (Thailand) - Account #		Payment Method:
Login:	Password:	
<input type="checkbox"/> E-ZPass (USA) - Account #		Top-Up Method:
Login:	Password:	
<input type="checkbox"/> - Account #		Payment Method:
Login:	Password:	
<input type="checkbox"/> - Account #		Payment Method:
Login:	Password:	
<input type="checkbox"/> - Account #		Payment Method:
Login:	Password:	
Websites & Apps - General		
#1: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#2: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#3: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#4: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		

#5: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#6: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#7: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#8: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#9: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#10: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#11: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#12: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		

#13: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#14: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#15: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#16: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#17: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#18: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#19: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#20: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		

#21: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#22: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#23: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#24: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#25: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#26: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
#27: <input type="checkbox"/> Website / <input type="checkbox"/> App:		PIN:
Login:	Device(s) Used:	
Password:	Authentication Type:	
Account or Member # / Security Answer / Note:		
Remarks (<input type="checkbox"/> See “Additional Information” section or <input type="checkbox"/> Continuation sheet/personal letter):		

Last Updated:

Personal Files (Electronic & Paper)

Electronic Files		
<input type="checkbox"/> My device(s) is not locked / <input type="checkbox"/> How to unlock my device(s):		
<input type="checkbox"/> Spouse / <input type="checkbox"/> NOK (<input type="checkbox"/> Other: _____) knows how to unlock my: <input type="checkbox"/> Desktop Computer <input type="checkbox"/> Laptop <input type="checkbox"/> Tablet <input type="checkbox"/> Cellphone <input type="checkbox"/> Other Smart Device(s):		
<input type="checkbox"/> I do not have many electronic files.		
<input type="checkbox"/> I have a separate listing (or <input type="checkbox"/> Screenshot) of *File Folder* information.		
Location:		
Storage Device: <input type="checkbox"/> Computer (<input type="checkbox"/> Laptop) <input type="checkbox"/> External HDD <input type="checkbox"/> External SSD <input type="checkbox"/> Flash Drive <input type="checkbox"/> Cloud (see below) <input type="checkbox"/> Other:		
Device Location:		
<input type="checkbox"/> Cloud Service #1 - Name:		
Login:	Password:	Authentication:
<input type="checkbox"/> Cloud Service #2 - Name:		
Login:	Password:	Authentication:
<input type="checkbox"/> I have a “When I Die” or “Estate Planning” Folder - Name:		
Location:		
<input type="checkbox"/> I have other Important Files - Folder & File Names:		
Location:		
<u>Remarks:</u> Provide all details that will help your family locate the records and information needed to settle your affairs and apply for survivor benefits. (<input type="checkbox"/> See “Additional Information” section or <input type="checkbox"/> Continuation sheet/personal letter):		

Last Updated:

Paper Files

I do not have many paper files.

I have a printout listing of *File Folder* info - Location:

Storage Location: File Cabinet | Desk | Cardboard Box | Plastic Container

Other:

I have a "When I Die" or "Estate Planning" Folder - Name:

Location:

I have other Important Files - Folder & File Names:

Location:

Remarks: Provide all details that will help your family locate the records and information needed to settle your affairs and apply for survivor benefits. (See "Additional Information" section or Continuation sheet/personal letter):

Last Updated:

Business Owner Information

Name of Business:	
Number of Employees:	
Business Legal Structure: <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Other:	
<input type="checkbox"/> Name of Business Partner(s):	
Main Office Address:	
Email:	Website:
Business Phone:	Cell Phone:
<input type="checkbox"/> Accountant:	Accounting Firm:
Email:	Website:
Phone:	Cell Phone:
Location of Accounting Records:	
<input type="checkbox"/> Attorney:	Law Firm:
Email:	Website:
Phone:	Cell Phone:
Location of Legal Documents:	
Location of Permits & Licenses:	
<input type="checkbox"/> Financial Institution(s):	
Financial Institution Representative(s):	
Email:	Website:
Phone:	Cell Phone:
Location of Financial Statements:	
Location of Business Loan(s) Agreement:	
<input type="checkbox"/> Liability Insurance Co.:	Agent:
Covered for:	Coverage Amt:
Email:	Website:
Phone:	Cell Phone:
Location of Liability Insurance Documents:	
<input type="checkbox"/> Health Insurance Co.:	Agent:
Email:	Website:
Phone:	Cell Phone:
Location of Health Insurance Documents:	

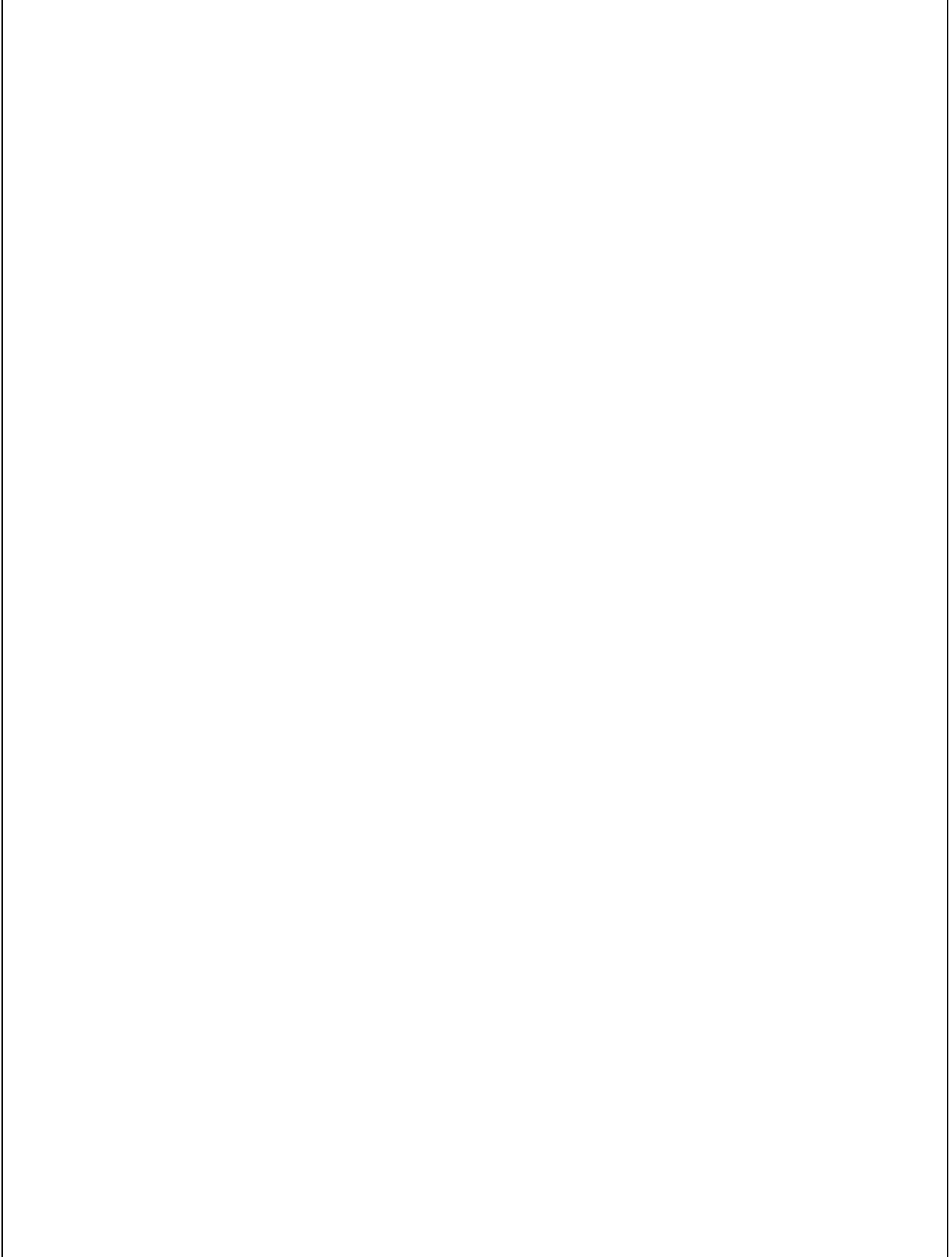
Other Important Files:

Location(s) of other Important Files:

Remarks: Please provide any/all details that will help your family understand your business, and locate the records and information they need to settle your affairs. For example: Based on the business's legal structure, what will happen to the business when you as the sole owner (or being a partner) passes away? Is there more than one location? If so, what is the other address(es)? Etc. (See "Additional Information" section or Continuation sheet/personal letter):

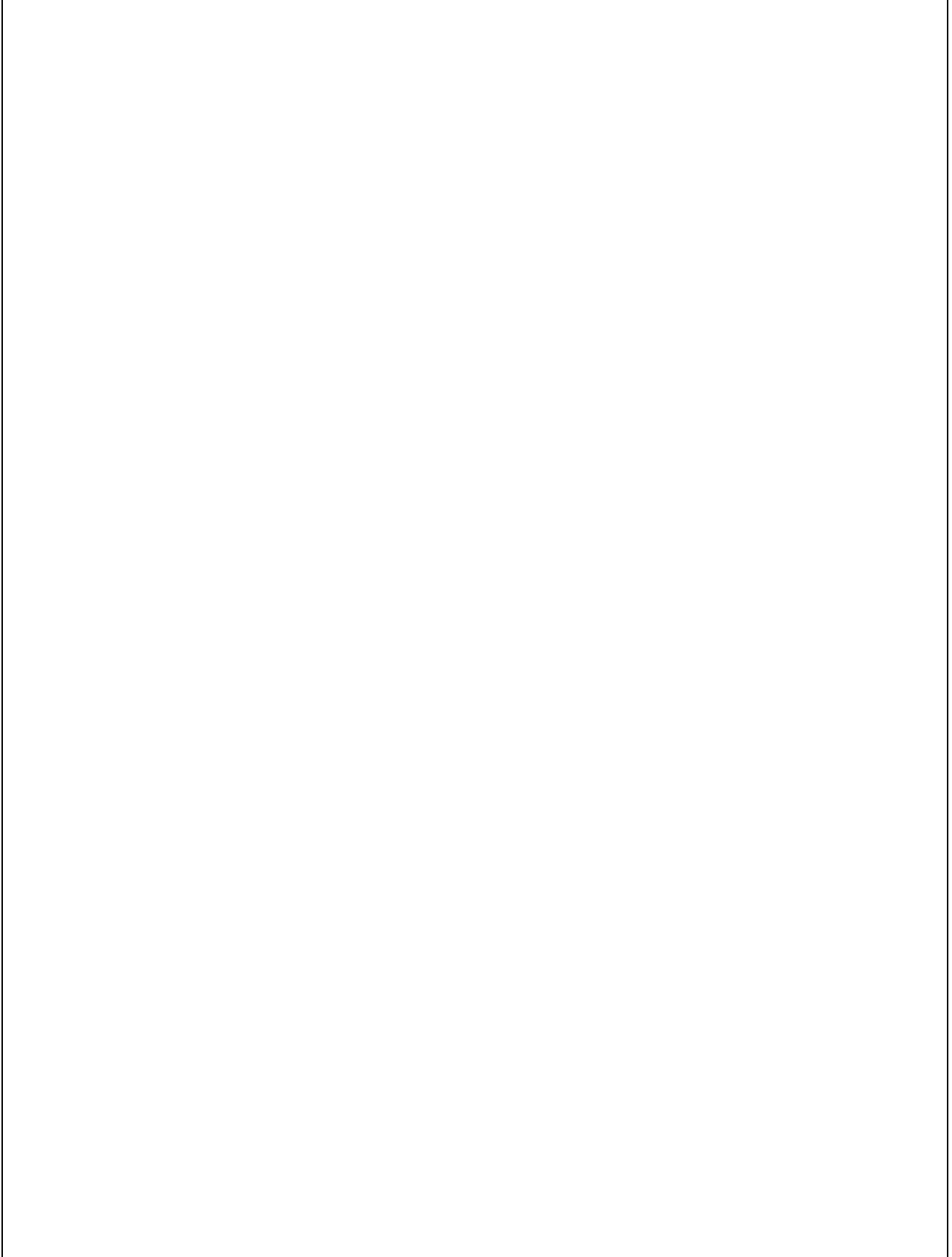
Last Updated:

Additional Information



Last Updated:

Additional Information

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for providing additional information related to the document's content.

Last Updated:

Appendix 1

Form SSA-9 INST.

SSA Listing of Proofs

(Discontinued / Reference Only)

A recurring question is “*What paperwork does Social Security ask for?*” It’s a perfectly valid question, but it’s impossible to precisely answer. Social Security may or may not request a form to be completed, and the *Listing of Proofs* is just a **general** idea of **potential** supporting evidence that Social Security **may** request. It’s possible that SSA may not request any additional information or evidence. The Social Security program is quite complicated. Documentation and evidence requirements are all case-specific.

Note: The following is Social Security Administration info on proofs. Please read through the list as a guide of what documents you need to find/obtain. You DO NOT have to mail/fax the listing of proof along with the questionnaire. You should mail the copies that have been certified by the consulate AFTER you get your forms filled out ready to be sent to Social Security.

(DISCONTINUED / REFERENCE ONLY)

SOCIAL SECURITY ADMINISTRATION LISTING OF PROOFS

The actual document obtained as evidence should be submitted. A photocopy of a document IS NOT acceptable UNLESS it is certified by the custodian of the record or is accompanied by the original document from which the photocopy was made. There are many documents which can be used as proof. We have special forms to aid you in obtaining many of them. If you have ANY difficulty obtaining the proofs you need, please get in touch with us immediately so that we can help you.

The Type of Proof Needed in Your Case is Checked Below:

1. PROOF OF AGE

(a) The best evidence, if you have or can obtain it, is either:

- A birth certificate or hospital birth record established during the first few years of life and certified by the custodian of the record, or
- A religious record of birth which shows date of birth and was established during the first few years of life. If you do not have one of these records in your possession, try to obtain one. Churches usually do not destroy their records. If there was a record of your date of birth made when you were an infant or a child it is probably still on file at the church.

We have a complete list of addresses and fees for public birth records in the U.S. and in many foreign countries. Call us to find out where to write and how much to send to obtain your birth record.

(b) If you cannot get one of the documents listed under (a), furnish whatever proof you can. Try to obtain a record established early in life —old records are generally the best records. Additional evidence of age may be requested if the document which you submit is not sufficient. We will help you if you are having difficulty finding the proof you need. Records which might be available are:

- A school record.
- A religious record showing date of birth or age.
- A State or Federal census record (established near your birth).
- A statement signed by the physician or midwife who was in attendance at the birth, as to the date of birth shown on his records.
- A Bible or other family record. (Do not remove the page; we must examine the publication.)
- An insurance policy which shows age or date of birth.
- A marriage record showing age or date of birth.
- A passport.
- An employment record showing age or date of birth.
- A military record.
- A delayed birth certificate.
- A child's birth certificate which shows age of parent.

(PROOF OF AGE continued)

- Some other record Which shows age or date of birth, for example, hospital treatment record, labor union or fraternal record, permits, licenses, voting or registration records, or poll tax receipts.

Records which might be available to those born in foreign countries are those listed above plus the following:

- A foreign passport.
- An immigration record established upon arrival in the U.S. (We can provide information and an application form which will help you in obtaining this record.)
- A naturalization record (citizenship paper.)
- An alien registration card.

2. PROOF OF MARRIAGE: Any of the following is acceptable.

(a) The original certificate of marriage.

(b) The certified copy of or the statement as to church or synagogue record of marriage.

(c) A certified copy of the public record of marriage.

Public record of a U.S. marriage may be obtained from the clerk of the court in the city or county where the marriage license was obtained, or the Bureau of Vital Statistics of the State in which you were married.

3. PROOF OF DEATH:

Certificate of death.

If the person died outside the United States submit whatever proof you have.

4. PROOF OF COURT APPOINTMENT AS LEGAL REPRESENTATIVE:

If you are the legally appointed guardian, conservator, administrator, etc., of the estate or of the person for whom you are filing an application, submit a certified copy of your court papers of appointment. If they are more than 1 year old, you should have the clerk of the court certify that they are still in full force and effect.

5. PROOF OF DEPENDENCY:

Complete and return the enclosed "Certificate of Support" or "Statement Regarding Contributions."

6. PROOF OF MILITARY SERVICE:

Proof is necessary for service from September 16, 1940 (or September 8, 1939 if you have any railroad service) through December 31, 1967. Service after 1967 is already in our records.

PROOF OF MILITARY SERVICE (continued)

If available, submit the original or a certified copy of:

- (a) Certificate of discharge, or**
- (b) Certificate of service, or**
- Report of separation.**

The certificate should show the date of entry into active service, the date of separation, and the character of separation. (For service in the period 1957 through 1967, proof of the character of separation is not necessary.) If the veteran had more than one period of service submit the certificate or report for each period. Where proof is not readily available, furnish the branch of the veteran's service, the rate or rank, the serial number, and the dates of the active service.

7. PROOF OF EARNINGS:

- (a) Self-employment income for the year(s).**

Furnish your copy of the document(s) checked below. (Since we must usually keep these for our files, you may want to make a copy to keep before bringing them to us.)

Form 1040 —U.S. Individual Income Tax Return E Schedule "C" Form 1040 —Profit (or Loss) From Business or Profession.

Schedule "F" Form 1040 —Schedule of Farm Income and Expenses.

Schedule "SE" Form 1040 —Computation of Social Security Self-Employment Tax.

- (b) Evidence that the self-employment tax return was filed. (This evidence will be returned to you.)**

The evidence can be a canceled check, a money order receipt, a receipt for payment issued by the District Director of Internal Revenue, a cashier's check receipt or other similar evidence. If you filed a Declaration of Estimated Income Tax and paid the tax in quarterly payments, submit the check or receipt showing your final payment or the latest check or receipt which you have available.

- (c) Wages for the year(s)**

Form W-2, Withholding Tax Statement

Form W-2c, Statement of Corrected Income and Tax Amounts.

Employer prepared wage statement in lieu of Forms W-2 or W-2c.

If you have more than one employer, a form from each is required. (This evidence will be returned to you.) If the above evidence is not available, contact us for further instructions.

8. OTHER PROOFS

Appendix 2

Form SSA-8 (Example)

Application for Lump-Sum Death Payment

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 serve as an application for insurance benefits payable under the Railroad Retirement Act.

1.	PRINT your name	FIRST NAME, MIDDLE INITIAL, LAST NAME Maleewan (NMI) Doe
2.	(a) PRINT name of Deceased Wage Earner or Self-Employed Person (herein referred to as the "deceased")	FIRST NAME, MIDDLE INITIAL, LAST NAME John W. Doe
	(b) Enter deceased's Social Security Number	987-65-4321
3.	Enter date of birth of deceased (Month, day, year)	Aug 12, 1946
4.	(a) Enter date of death (Month, day, year)	Dec 18, 2023
	(b) Enter place of death (City and State)	Nakhon Nowhere, Thailand
5.	ANSWER ITEM 5 ONLY IF THE DECEASED WORKED WITHIN THE PAST 2 YEARS.	
	(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 \$
6.	ANSWER ITEM 6 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 <input type="checkbox"/> No (If "Yes," answer (b).) (If "No," go on to item 7.)
	(b) Enter the date the deceased became unable to work (Month, day, year)	
7.	(a) Was the deceased in the active military or naval service (including Reserve or National Guard active duty or active duty for training) after September 7, 1939 and before 1968?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," answer (b) and (c).) (If "No," go on to item 8.)
	(b) Enter dates of service.	From: (Month, Year) September 1964 To: (Month, Year) September 1968
	(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 <input type="checkbox"/> No
8.	Did the deceased work in the railroad industry for 7 years or more?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9.	(a) Did the deceased ever engage in work that was covered under the social security system of a country other than the United States?	<input type="checkbox"/> Yes (If "Yes," answer (b).) <input checked="" type="checkbox"/> No (If "No," go on to item 10.)
	(b) If "Yes," list the country(ies).	
10.	(a) Is the deceased survived by a spouse? If "Yes," enter information about the marriage at the time of death below. If "No," go on to item 10(b) if the deceased had prior marriages or item 11 if the deceased never married.	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Spouse's Name (including Maiden Name) Maleewan (NMI) Doe (Namsakun)	When (Month, day, year) June 17, 2010
	Where (Name of City and State) Nakhon Nowhere, Thailand	
	How marriage ended Death	When (Month, day, year) December 18, 2023
	Where (Name of City and State) Nakhon Nowhere, 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) July 4, 1962
	Spouse's Social Security Number (If none or unknown, please indicate) None	
	(b) If the deceased had a prior marriage(s) that lasted at least 10 years, enter the information below. If the deceased married the same individual multiple times and the remarriage took place within the year immediately following the year of the divorce, and the combined period of marriage totaled 10 years or more, include the marriage. If no prior marriages or if information is unavailable, please indicate below.	
	Spouse's Name (including Maiden Name)	When (Month, day, year)
	Where (Name of City and State)	
	How marriage ended	When (Month, day, year)
	Where (Name of City and State)	
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in "Remarks")	Spouse's date of birth (or age)
	If spouse deceased, give date of death	
	Spouse's Social Security Number (If none or unknown, please indicate)	
	(c) If the deceased has a surviving child(ren) as defined in item 11 and the deceased was married to the child's mother or father but the marriage ended in divorce, enter information on the marriage if not already listed in 10(b). If no prior marriages or if information is unavailable, please indicate below.	
	Spouse's Name (including Maiden Name)	When (Month, day, year)
	Where (Name of City and State)	
	How marriage ended	When (Month, day, year)
	Where (Name of City and State)	
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in "Remarks")	Spouse's date of birth (or age)
	If spouse deceased, give date of death	
	Spouse's Social Security Number (If none or unknown, please indicate)	
11.	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:	
	<ul style="list-style-type: none"> • Under age 18 • Age 18 to 19 and attending elementary or secondary school (grade 12 or below) full time OR • Age 18 or older with a disability that began before age 22. (If none, write "None.") 	
	Full Name of Child	Full Name of Child
	James John Doe	
12.	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".)
13.	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 14 If not, skip items 14 through 17.		
14.	If you are not the surviving spouse, enter the surviving spouse's name and address here	
	I am the surviving spouse.	

15.	(a) Were the deceased and the surviving spouse living together at the same address when the deceased died?	<input checked="" type="checkbox"/> Yes (If "Yes," go on to item 16.)	<input type="checkbox"/> No (If "No," answer (b).)
(b) If either the deceased or surviving spouse was away from home (whether or not temporarily) when the deceased died, give the following:			
Who was away?		<input type="checkbox"/> Deceased	<input type="checkbox"/> Surviving spouse
Date last home	Reason absence began	Reason they were apart at time of death	
If separated because of illness, enter nature of illness or disabling condition.			

If you are the surviving spouse, and if you are under age 66, answer item 16.

16.	(a) Are you currently disabled and unable to work or was there a period during the last 14 months when you were disabled and unable to work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(b) If "Yes," enter the date you became disabled.	(Month, day, year)

Answer item 17 ONLY if you are the surviving spouse.

17.	Were you married before your marriage to the deceased? If yes, enter information about your prior marriage(s) that lasted at least 10 years or ended due to death of the spouse. If you divorced then remarried the same individual within the year immediately following the year of the divorce and the combined period of marriage totaled at least 10 years, include the marriage. If you need more space, use "Remarks" section on back page or attach a separate sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse's Name (including Maiden Name)		When (Month, day, year)	Where (Name of City and State)
Somchai (NMI) Krungthep		March 15, 1991	Nakhon Outhere, Thailand
How marriage ended		When (Month, day, year)	Where (Name of City and State)
Death		April 1, 2000	Nakhon Outhere, Thailand
Marriage performed by:		Spouse's date of birth (or age)	If spouse deceased, give date of death
<input checked="" type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in "Remarks")		November 12, 1960	April 1, 2000
Spouse's Social Security Number (If none or unknown, please indicate)			

For additional information about survivor benefits see Publication No. 05-10084 at www.socialsecurity.gov.

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

Mailing address format:
38/83, Moo 6, Ling Rd.
Tepprasit, Muang
Nakhon Nowhere 12345 Thailand

SSA-1199-OP107 attached.

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 (First name, middle initial, last name) (Write in ink)	Date (Month, day, year) January 1, 2024
	Telephone Number(s) at Which You May Be Contacted During the Day
	+66 77-777-7777
	(Area Code)

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

City and State	ZIP Code	Enter Name of County (if any) in which you now live
----------------	----------	---

Direct Deposit Payment Information (Financial Institution)

Routing Transit Number See Remarks.	Account Number	<input type="checkbox"/> Checking	<input type="checkbox"/> Enroll in Direct Express
		<input type="checkbox"/> Savings	<input type="checkbox"/> Direct Deposit Refused

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)

RECEIPT FOR YOUR CLAIM FOR THE SOCIAL SECURITY LUMP-SUM DEATH PAYMENT

TELEPHONE NUMBER TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT	SSA OFFICE	DATE CLAIM RECEIVED
TELEPHONE NUMBER		

RECEIPT FOR YOUR CLAIM

Your application for the lump-sum death payment has been received and will be processed as quickly as possible.

In the meantime, if you change your mailing address, you should report the change.

You should hear from us within _____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.

Always give us your claim number when writing or telephoning about your claim.

If you have any questions about your claim, we will be glad to help you.

CLAIMANT	BENEFICIARY NOTICE CONTROL NUMBER (BNC)
----------	---

DECEASED'S NAME (If surname differs from claimant's name)

**Privacy Act Statement
Collection and Use of Personal Information**

Section 202 of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed and may result in the loss of benefits.

We will use the information you provide to authorize a one-time lump-sum death payment. We may also share your information for the following purposes, called routine uses:

- To contractors and other Federal agencies, as necessary, for the purpose of assisting us in the efficient administration of our programs. We will disclose information under this routine use only in situations in which we may enter into a contractual or similar agreement to obtain assistance in accomplishing an SSA function relating to this system of records; and
- To student volunteers, individuals working under a personal services contract, and other workers who technically do not have the status of Federal employees, when they are performing work for SSA, as authorized by law, and they need access to personally identifiable information in SSA records in order to perform their assigned agency functions.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.

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. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate or other aspects of this collection to this address, not the completed form.

Appendix 3

Form SSA-10 (Example)

Application for Widow's/Widower's Insurance Benefits

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

(Do not write in this space)

With this application, you are applying for all insurance benefits for which you are 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. If you were receiving spouse's benefits at the time of your spouse's death, you only need to complete the circled items. All other claimants must complete the entire form.*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).

①(a) PRINT name of deceased wage earner or self-employed person (herein referred to as the "deceased")
FIRST NAME, MIDDLE INITIAL, LAST NAME
John W. Doe

(b) Check (X) one for the deceased
 Male Female

(c) Enter deceased's Social Security Number
987-65-4321

②(a) PRINT your name
FIRST NAME, MIDDLE INITIAL, LAST NAME
Maleewan (NMI) Doe

(b) Enter your Social Security Number
None

(c) Enter your name at birth if different from item 2(a)
FIRST NAME, MIDDLE INITIAL, LAST NAME
Maleewan (NMI) Namsakun

PART I - INFORMATION ABOUT THE DECEASED

3. Enter date of birth of deceased
MONTH, DAY, YEAR August 12, 1946

④(a) Enter date of death
MONTH, DAY, YEAR December 18, 2023

(b) Enter place of death
CITY AND STATE Nakhon Nowhere, Thailand

⑤ Enter name of the State or foreign country where the deceased had a fixed, permanent home at the time of death.
Thailand

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? If unknown, check this box
 Yes (If "Yes," answer (b) and (c).) No (If "No," go on to item 7.)

(b) Enter name(s) of person(s) on whose Social Security record(s) other application was filed.
FIRST NAME, MIDDLE INITIAL, LAST NAME
John W. Doe

(c) Enter Social Security Number(s) of person(s) named in (b).
If unknown, check this box 987-65-4 21

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?
 Yes (If "Yes," answer (b).) 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?
 Yes (If "Yes," answer (b) and (c).) No (If "No," go on to item 9.)

(b) Enter dates of service.
(Month, year) FROM: September 1964 TO: September 1968

(c) Has anyone (including the deceased) received, or does anyone expect to receive, a benefit from any other Federal agency?
 Yes No

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

9. (a) About how much did the deceased earn from employment and self-employment during the year of death?	Amount \$ 0.00	
(b) About how much did the deceased earn the year before death?	Amount \$ 0.00	
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 (If "Yes," skip to item 11.)	<input checked="" type="checkbox"/> No (If "No," answer (b).)
(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.	2009-2022	

11. CHECK IF APPLICABLE

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

INFORMATION ABOUT THE DECEASED'S MARRIAGE(S)

12. Answer this item ONLY if the deceased had other marriages.

(a) If the deceased married **after** his or her marriage to you, enter the information on the last marriage. (If none, write "NONE".)

Spouse's Name (including maiden name) Beatrice I. Nomore	When (Month, Day, and Year) May 5, 1972	Where (Name of City and State) Norfolk, Virginia
How Marriage Ended Divorce	When (Month, Day, and Year) November 1, 1979	Where (Name of City and State) Norfolk, Virginia
Marriage performed by <input checked="" type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age) February 14, 1950	If spouse deceased, give date of death N/A

Spouse's Social Security Number (If none or unknown, so indicate) Unknown

(b) If the deceased had any other marriages, and the marriage lasted at least 10 years or ended due to death of the spouse (whether before or after you married the deceased), enter the information below. If the deceased divorced then remarried the same individual within the year immediately following the year of the divorce, and the combined period of marriage totaled 10 years or more, include the marriage. (If none, write "NONE".)

Spouse's Name (including maiden name) None	When (Month, Day, and Year)	Where (Name of City and State)
How Marriage Ended	When (Month, Day, and Year)	Where (Name of City and State)
Marriage performed by <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age)	If spouse deceased, give date of death

Spouse's Social Security Number (If none or unknown, so indicate)

USE "REMARKS" SPACE ON BACK PAGE FOR INFORMATION ABOUT ANY OTHER MARRIAGE AS DESCRIBED IN 12b.

13. Is there a surviving parent (or parents) who was receiving support from the deceased at the time of death or at the time the deceased became disabled under Social Security Law? Yes (If "Yes," enter the name and address in "Remarks.")

PART II - INFORMATION ABOUT YOURSELF

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

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

(b) Was a public record of your birth made before age 5? (If "yes", go to item 15.) Yes No Unknown

(c) Was a religious record of your birth made before age 5? Yes No Unknown

INFORMATION ABOUT YOUR MARRIAGE(S)

15 (a) Enter information about your marriage to the deceased.

Spouse's Name (including maiden name) John W. Doe	When (Month, Day, and Year) June 17, 2010	Where (Name of City and State) Nakhon Nowhere, Thailand
How Marriage Ended Death	When (Month, Day, and Year) December 18, 2023	Where (Name of City and State) Nakhon Nowhere, 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) August 12, 1946	If spouse deceased, give date of death December 18, 2023

Spouse's Social Security Number (If none or unknown, so indicate) 987-65-4321

(b) If you remarried **after** the marriage shown in 15.(a), enter information about the last marriage. (If none, write "NONE".)

Spouse's Name (including maiden name) None	When (Month, Day, and Year)	Where (Name of City and State)
How Marriage Ended	When (Month, Day, and Year)	Where (Name of City and State)
Marriage performed by <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age)	If spouse deceased, give date of death

Spouse's Social Security Number (If none or unknown, so indicate)

(c) Enter information about any other marriage you may have had that lasted at least 10 years (see item 12(b) for counting consecutive multiple marriages to the same individual) or ended due to death of the spouse (whether before or after you married the deceased). (If none, write "NONE".)

Spouse's Name (including maiden name) Somchai (NMI) Krungthep	When (Month, Day, and Year) March 15, 1991	Where (Name of City and State) Nakhon Outhere, Thailand
How Marriage Ended Death	When (Month, Day, and Year) April 1, 2000	Where (Name of City and State) Nakhon Outhere, 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) November 12, 1960	If spouse deceased, give date of death April 1, 2000

Spouse's Social Security Number (If none or unknown, so indicate)

***USE "REMARKS" SPACE ON BACK PAGE FOR INFORMATION ABOUT ANY OTHER MARRIAGE AS DESCRIBED IN 15c.**

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 (If "Yes," go to item 17.) No (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 (If "Yes," answer (b) and (c).) No (If "No," go 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, check this box)

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 (If "Yes," answer (b).) <input checked="" type="checkbox"/> No (If "No," go on to item 19.)
(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 active 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 (If "Yes," answer (b).) <input checked="" type="checkbox"/> No (If "No," go on to item 22.)
(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 that was not covered under Social Security? (Social Security benefits are not government pensions.)	<input type="checkbox"/> Yes (If "Yes," check which of the items in item (b) applies to you.) <input checked="" type="checkbox"/> No (If "No," go on to item 23.)
(b)	
<input type="checkbox"/> I receive a government pension or annuity.	<input type="checkbox"/> I have not applied for but I expect to begin receiving my pension or annuity:
<input type="checkbox"/> I received a lump sum in place of a government pension or annuity.	_____ (Month, day, year) (If the date is not known, enter "Unknown".)
<input type="checkbox"/> I applied for and am awaiting a decision on my pension or lump sum.	

MEDICARE INFORMATION

If this claim is approved and you are still entitled to benefits at age 65, or you are within 3 months of Age 65 or older you could automatically receive Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage at age 65. If you live in Puerto Rico or a foreign country, you are not eligible for automatic enrollment in Medicare Part B, and you will need to contact Social Security to request enrollment.

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

Medicare Part B (Medical Insurance) helps cover doctor's services and outpatient care. It also covers some other services that Medicare Part A doesn't cover, such as some of the services of physical and occupational therapists and some home health care. If you enroll in Medicare Part B, you will have to pay a monthly premium. The amount of your premium will be determined when your coverage begins. In some cases, your premium may be higher based on information about your income we receive from the Internal Revenue Service. Your premiums will be deducted from any monthly Social Security, Railroad Retirement, or Office of Personnel Management benefits you receive. If you do not receive any of these benefits, you will get a letter explaining how to pay your premiums. You will also get a letter if there is any change in the amount of your premium.

You can also enroll in a Medicare prescription drug plan (Part D). To learn more about the Medicare prescription drug plans and when you can enroll visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048). Medicare also can tell you about agencies in your area that can help you choose your prescription drug coverage. The amount of your premium varies based on the prescription drug plan provider. The amount you pay for Part D coverage may be higher than the listed plan premium, based on information about your income we receive from the Internal Revenue Service.

If you have limited income and resources, we encourage you to apply for the Extra Help that is available to assist you with Medicare prescription drug costs. The Extra Help can pay the monthly premiums, annual deductibles and prescription co-payments. To learn more or apply, please visit www.socialsecurity.gov, call 1-800-772-1213 (TTY 1-800-325-0778) or visit the nearest Social Security office.

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

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

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

(b) Place an "X" in each block for each month of last year in which you did not earn more than *\$1,630.00 in wages, and did not perform substantial services in self-employment. These months are exempt months. If no months were exempt months, place an "X" in "NONE." If all months were exempt months, place an "X" in "ALL."

NONE		ALL	
Jan. <input checked="" type="checkbox"/>	Feb. <input checked="" type="checkbox"/>	Mar. <input checked="" type="checkbox"/>	Apr. <input checked="" type="checkbox"/>
May <input checked="" type="checkbox"/>	Jun. <input checked="" type="checkbox"/>	Jul. <input checked="" type="checkbox"/>	Aug. <input checked="" type="checkbox"/>
Sept. <input checked="" type="checkbox"/>	Oct. <input checked="" type="checkbox"/>	Nov. <input checked="" type="checkbox"/>	Dec. <input checked="" type="checkbox"/>

*Enter the appropriate monthly limit after reading the information, "How Work Affects Your Benefits" (Publication No. 05-10069).

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

(b) Place an "X" in each block for each month of this year in which you did not or will not earn more than *\$1,770.00 in wages, and did not or will not perform substantial services in self-employment. These months are exempt months. If no months are or will be exempt months, place an "X" in "NONE." If all months are or will be exempt months, place an "X" in "ALL."

NONE		ALL	
Jan. <input checked="" type="checkbox"/>	Feb. <input checked="" type="checkbox"/>	Mar. <input checked="" type="checkbox"/>	Apr. <input type="checkbox"/>
May <input checked="" type="checkbox"/>	Jun. <input checked="" type="checkbox"/>	Jul. <input checked="" type="checkbox"/>	Aug. <input checked="" type="checkbox"/>
Sept. <input checked="" type="checkbox"/>	Oct. <input checked="" type="checkbox"/>	Nov. <input checked="" type="checkbox"/>	Dec. <input checked="" type="checkbox"/>

*Enter the appropriate monthly limit after reading the information, "How Work Affects Your Benefits" (Publication No. 05-10069).

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

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

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

NONE		ALL	
Jan. <input type="checkbox"/>	Feb. <input type="checkbox"/>	Mar. <input type="checkbox"/>	Apr. <input type="checkbox"/>
May <input type="checkbox"/>	Jun. <input type="checkbox"/>	Jul. <input type="checkbox"/>	Aug. <input type="checkbox"/>
Sept. <input type="checkbox"/>	Oct. <input type="checkbox"/>	Nov. <input type="checkbox"/>	Dec. <input type="checkbox"/>

*Enter the appropriate monthly limit after reading the information, "How Work Affects Your Benefits."

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

IF YOU ARE FULL RETIREMENT AGE OR OLDER, GO ON TO ITEM 29. OTHERWISE, PLEASE READ CAREFULLY THE INFORMATION ON PAGE 8 AND ANSWER ONE OF THE FOLLOWING ITEMS.

(28) After reading the information on page 8, check one of the following:

(a) I want benefits beginning with the earliest possible month.

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

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

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

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

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

(Item 8c.) I have applied for VA Dependency and Indemnity Compensation (DIC).

Mailing address format:

38/83, Moo 6, Ling Rd.

Tepprasit, Muang

Nakhon Nowhere 12345 Thailand

Telephone #: +66-77-777-7777

Email: survivor_doe@fakemail.com

SSA-1199-OP107 attached.

Direct Deposit Payment Address (Financial Institution)

Routing Transit Number	Account Number	<input type="checkbox"/> Checking	<input type="checkbox"/> Enroll in Direct Express
		<input type="checkbox"/> Savings	<input type="checkbox"/> Direct Deposit Refused

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) January 1, 2024
Signature (First name, middle initial, last name) (Write in ink)	Telephone number(s) at which you may be contacted during the day
	+66-77-777-7777 AREA CODE

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

See Remarks.

City and State	ZIP Code	Country (if any) in which you now live 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)

Appendix 4

Form SSA-11 (Example)

Request to be Selected as Payee

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 John William Doe	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 John Doe	SOCIAL SECURITY NUMBER(S) 555-55-5555

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, 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/conservator? YES NO

IF YES, enter the legal guardian/conservator's:

NAME _____

ADDRESS _____

PHONE NUMBER _____

TITLE _____

DATE OF APPOINTMENT _____

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

6. (a) Where does the claimant live?

- Alone
- In my home (Go to (b).)
- With a relative (Go to (b).)
- With someone else (Go to (b).)
- In a board and care facility (Go to (b).)
- In a public institution (Go to (c).)
- In a private institution (Go to (c).)
- In a nursing home (Go to (c).)
- In the institution I represent (Go to (c).)

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

NAME	RELATIONSHIP
Kittaporn (NMI) Namsakun	Grandmother

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

Residence: _____ Mailing: _____ Telephone Number: _____

(d) Do you expect the claimant's living arrangements to change in the next year?

- YES NO If YES, explain what changes are expected and when they will occur.
(Use Remarks if you need more space.)

7. If you are applying on behalf of minor child(ren) and you are not the parent,

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

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

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

NAME	ADDRESS/PHONE NO.	RELATIONSHIP	DESCRIBE
Kittaporn Namsakun	Address: See Remarks +66-44-444-4444	Grandmother	Helps take care.

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

- (a) Official of bank, agency or institution with responsibility for the person. Enter below which you represent:
- Bank
 - Social Agency
 - Public Official
 - Institution:
 - Federal
 - State/Local
 - Private non-profit
 - Private proprietary institution. Is the institution licensed under State law? YES NO

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

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

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

10. Does the claimant owe you/your organization any money now or will he/she owe you money in the future? YES NO

If YES, enter the amount he/she owes you/your organization, the date(s) was/will be incurred and describe why the debt was/will be incurred.

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

11. (a) Enter the name of the institution _____
 (b) Enter the EIN of the institution _____

INFORMATION ABOUT INDIVIDUALS APPLYING TO BE REPRESENTATIVE PAYEE

12. Enter: YOUR NAME Maleewan (NMI) Doe (Maiden Name: Namsakun)
 DATE OF BIRTH July 4, 1962
 SOCIAL SECURITY NUMBER None
 ANY OTHER NAME YOU HAVE USED Maleewan (NMI) Krungthep (previous marriage)
 OTHER SSN'S YOU HAVE USED None

13. How long have you known the claimant? Since birth.

14. If the claimant lives with you, who takes care of the claimant when work or other activity takes you away from home?
Kittaporn (NMI) Namsakun
 What is his/her relationship to the claimant? Grandmother

15. (a) Main source of your income

- Employed (answer (b) below)
- Self-employed (Type of Business _____)
- Social Security benefits (Claim Number _____)
- Pension (describe _____)
- Supplemental Security Income payments (Claim Number _____)
- Temporary Assistance For Needy Families (TANF _____)
- Other State or Public Assistance (describe _____)
- Other (describe _____)

(b) Enter your employer's name and address:
Burger House 456 Kanamphong Rd. Nakhon Nowhere 12345 Thailand
 How long have you been employed by this employer? Fifty Two (52) Months.
 (If less than 1 year, enter name and address of previous employer in Remarks.)

16. Do you give Social Security permission to conduct a criminal background check on you? YES NO

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? _____

18. Do you have any unsatisfied FELONY warrants (or in jurisdictions that do not define crimes as felonies, a crime punishable by death or imprisonment exceeding 1 year) for your arrest? YES NO
 If YES: Date of Warrant _____
 State where warrant was issued _____

19. How long have you lived at your current address? (Give Date MM/YY)
 09/2010

REMARKS: (This space may be used for explaining any answers to the questions. If you need more space, attach a separate sheet.)
 Mailing address: 38/83 Moo 6, Ling Rd.
 Teprasing, Muang
 Nakhon Nowhere 12345 Thailand (SSA-1199-OP107 attached.)

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) January 1, 2024
Signature (First name, middle initial, last name) (Write in ink)	Telephone number(s) at which you may be contacted during the day +66-77-777-7777

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)
 See Remarks.

City and State	Zip Code	Name of County
----------------	----------	----------------

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

City and State	Zip Code	Name of County
----------------	----------	----------------

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)

Appendix 5

Form SSA-21 (Example)

Supplement to Claim of Person Outside the US

**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 (U.S.) 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 for 30 consecutive days or more.

1. NAME OF WORKER ON WHOSE EARNINGS THIS CLAIM IS BASED John W. Doe	2. WORKER'S SOCIAL SECURITY NUMBER 987-65-4321
--	---

3. Complete line (a) below for the worker (even if deceased). Complete (b) through (d) for each claimant or beneficiary who is not a U.S. citizen, and is outside the U.S., has been outside the U.S. in the past 24 months, or expects to be outside the U.S. for 30 consecutive days or more. Enter only the claimants or beneficiaries living in the same household. Complete a separate form for each household. If you need more space, use the "REMARKS" section on page 4.

FULL NAME	COUNTRY(IES) OF PRESENT CITIZENSHIP (Or at time of death)	PASSPORT NO.	DATE ISSUED
a. John William Doe	USA	USA 333222111	08/29/2018
b. Maleewan (NMI) Doe	Thailand	Thai 444555666	01/18/2021
c. James John Doe (natural child)	USA and Thailand	USA 111222333	11/22/2020
d. "	"	Thai 777888999	05/05/2021

FOR EACH WORKER LISTED ABOVE, CONTINUE TO LIST INFORMATION REQUESTED BELOW:

WORKER/PERSON LISTED ABOVE	COUNTRY OF BIRTH	DATES OUTSIDE THE U.S.		
		FROM Mo-Day-Yr	TO Mo-Day-Yr	COUNTRY WHERE LIVING
WORKER LISTED ABOVE IN ROW (a.)	USA	10/15/2008	12/18/2023	Thailand
PERSON LISTED ABOVE IN ROW (b.)	Thailand	07/04/1962	01/01/2024	Thailand
PERSON LISTED ABOVE IN ROW (c.)	Thailand	12/14/2011	01/01/2024	Thailand
PERSON LISTED ABOVE IN ROW (d.)				

NOTE: ALL PERSONS LISTED ABOVE AND IN THE "REMARKS" SECTION ON PAGE 4, OR THEIR REPRESENTATIVE PAYEES, MUST SIGN THE CERTIFICATION IN ITEM 18.

4. Complete line (a) for the worker (even if deceased). Complete (b) through (d) for each claimant or beneficiary listed in item 3 who is not a U.S. citizen. Do not include the days that residents of Canada or Mexico enter the U.S. on a daily basis to work or visit and return each day to their residence in Canada or Mexico, as dates lived in the U.S. If you need more space, use the "REMARKS" section on page 4.

FULL NAME	TOTAL NUMBER OF YEARS LIVED IN THE U.S.	DATES LIVED IN THE U.S.		
		FROM Mo-Day-Yr	TO Mo-Day-Yr	RELATIONSHIP TO WORKER NAMED IN ITEM 1 DURING THIS PERIOD
a. John William Doe	62	08/12/1946	10/14/2008	Deceased Worker
b. Maleewan (NMI) Doe	None	N/A	N/A	Surviving Spouse
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(s) and date(s) work began and submit Form SSA-7163 (available at www.socialsecurity.gov). If you need more space, use the "REMARKS" section on page 4.			<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
NAME Maleewan (NMI) Doe	Date (Mo - Yr) 09/2018	NAME	Date (Mo - Yr)	

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(s) and date(s) work is expected to begin. If you need more space, use the "REMARKS" section on page 4.		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
NAME Maleewan (NMI) Doe	Date (Mo - Yr) 09/2018	NAME	Date (Mo - Yr)
7. Answer item 7 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 made worse while in military service?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
8. Supplementary Medical Insurance generally is payable only for medical services provided inside the U.S. 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. If you need more space, use the "REMARKS" section on page 4.			
NAME(S) N/A			

The U.S. Internal Revenue Code (IRC) requires the Social Security Administration (SSA) to withhold a 30 percent Federal income tax from 85 percent of monthly retirement, survivors and disability benefits paid to beneficiaries who are neither citizens nor residents of the United States. This results in an effective tax of 25.5 percent of the monthly benefit. SSA must withhold this tax from the benefits of all nonresident aliens except those who are residents of countries that have tax treaties with the U.S. that provide an exemption from this tax, or a lower rate of withholding. Currently these countries are Canada, Egypt, Germany, India, Ireland, Israel, Italy, Japan, Romania, Switzerland, and the United Kingdom. For details and changes regarding income tax treaties, you may check with the Internal Revenue Service.

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

- Has not claimed a tax treaty benefit as a resident of a country other than the United States in the same year; AND
- Has been lawfully admitted to the United States for permanent residence and that residence has not been revoked or determined to have been administratively or judicially abandoned; OR
- Meets a substantial presence test as defined by the IRC. 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 a minimum total of 183 days counting all the days of U.S. presence in that year, one-third of the total number of days of U.S. presence in the previous year, and one-sixth of the total number of days of U.S. presence in the year before that. (The IRC defines days of U.S. presence and exclusions for applying the substantial presence test.)

If you are a U.S. resident alien for Federal income tax purposes, generally your worldwide income is subject to U.S. income tax, regardless of where you are living.

COMPLETE ITEMS 9 THROUGH 13 ABOUT ALL PERSONS LISTED IN ITEM 3 WHO ARE NOT U.S. CITIZENS AND WANT TO BE CONSIDERED U.S. RESIDENTS FOR INCOME TAX PURPOSES.

9. 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 the "REMARKS" section on page 4.			
NAME	PERMANENT RESIDENT CARD (GREEN CARD) NUMBER	DATE CARD WAS ISSUED	
N/A			
10. Enter the name(s) of any person(s) listed in item 9 who has ever notified the U.S. government, by letter or formal application, that he or she has abandoned, or wishes to abandon, his or her U.S. residence status, or has commenced to be treated as a resident of a foreign country under the provisions of a tax treaty between the U.S. and the foreign country.			
NAME	Date (Mo-Yr)	NAME	Date (Mo-Yr)
N/A			

11. Enter the name(s) of any person(s) listed in item 9 whose Permanent Resident Card has been taken away, or who has been notified by the U.S government that his or her U.S. resident status has been taken away. Enter the date of the notice or the date the Permanent Resident Card was taken away.

NAME	Date (Mo-Yr)	NAME	Date (Mo-Yr)
N/A			

12. Does each person listed in item 9 understand that, as a U.S. resident, his or her worldwide income will be subject to U.S. income tax regardless of where he or she is living? If no, enter the name of each individual who does not understand in the "REMARKS" section on page 4. YES NO

13. Does each person listed in item 9 agree to notify SSA promptly if he or she abandons his or her U.S. residence status, or if he or she commences to be treated as a resident of a foreign country under the provisions of a tax treaty between the U.S. and the foreign country? If no, enter the name of each individual who does not agree in the "REMARKS" section on page 4. YES NO

14. **INCOME TAX TREATY BENEFITS** Complete this item for any person(s) who intend(s) to claim a reduced rate of Federal income tax withholding under the provisions of an income tax treaty with the U.S. To enter additional person(s), use the "REMARKS" section on page 4.

NAME	TAX TREATY COUNTRY OF RESIDENCE	DATES OF RESIDENCE	
		FROM (Mo-Yr)	TO (Mo-Yr)
See Remarks.			

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.) If more than one address is required, use the "REMARKS" section below and show names for each address.

NUMBER AND STREET	CITY	POSTAL CODE	COUNTRY
(International Direct Deposit)			

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.) If more than one address is required, use the "REMARKS" section on page 4 and show names for each address.

NUMBER AND STREET	CITY	POSTAL CODE	COUNTRY
38/83 Moo 6, Ling Rd. Tepprasit, Muang	Nakhon Nowhere	12345	Thailand

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.) 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 the "REMARKS" section on page 4.

NAME	NUMBER AND STREET	CITY	POSTAL CODE	COUNTRY
a. N/A				
b.				
c.				
d.				

REMARKS (You may use this space for any additions and explanations. If you are giving information for a particular item on this form, enter the item number in your remark. If you need more space, attach a separate sheet.)

(Item 14.) I am not claiming a tax treaty benefit. Article 20 of the Thai-US Tax Treaty excludes tax treaty protection for nonresident alien Social Security survivor benefits. Thai-US Tax Treaty: <https://www.irs.gov/pub/irs-trty/thailand.pdf>

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.

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 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. <i>(Write in ink)</i>	DATE	TELEPHONE NUMBER WHERE YOU MAY BE CONTACTED DURING THE DAY
a.		January 1, 2024	+66-77-777-7777
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

Appendix 6

Standard Form-180 (Example)

Request Pertaining to Military Records

REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online using eVetRecs at <https://www.archives.gov/veterans/military-service-records/>

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

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

1. NAME USED DURING SERVICE (last, first, full middle) Doe, John William		2. SOCIAL SECURITY # 987-65-4321	3. DATE OF BIRTH August 12, 1946	4. PLACE OF BIRTH Anytown, Nebraska		
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	Navy	09011964	09011968	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N 333 22 11
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>	
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>	
6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN:						
2. Vietnam		3. Naval Station Mayport		4. Great Lakes Naval Training Center		
7. IS THIS PERSON DECEASED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES - MUST provide Date of Death if veteran is deceased: Deceased 18, 2023						
8. DID THIS PERSON RETIRE FROM MILITARY SERVICE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES						

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

DD Form 214 or equivalent: Year(s) in which form(s) issued to veteran (Date of Separation): 1964-1968
This form contains information used to verify military service. An UNDELETED DD Form 214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: 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. Please note - recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records/>
An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: I want a DELETED copy.

Official Military Personnel File (OMPF): The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.

Medical Records: Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.
 I request inpatient/hospitalization records from Naval Station Norfolk (facility), last treated in 1968 (year). (NOTE: Fields are required)
If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.

Dental Records: Please check this box if ONLY dental records are needed from the medical record.

Other (Please Specify): All records showing ground/territorial water srvc in Vietnam, Indochina and/or Republic of Korea.

2. PURPOSE: (Providing information about the purpose of the request is voluntary; however, it 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.)
 Benefits (explain) Employment VA Loan Programs Medical Genealogy Correction Personal Other (explain)
Explain here: Applying for Department of Veterans Affairs Survivor Benefits.

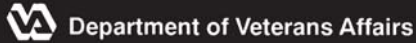
SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: _____	2. RELATIONSHIP TO VETERAN: _____
3. <input type="checkbox"/> I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above.	<input type="checkbox"/> I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)
<input checked="" type="checkbox"/> I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)	<input type="checkbox"/> OTHER (Specify): _____
4. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.) <u>Maleewan (NMI) Doe</u> Name <u>38/83 Moo 6, Ling Rd. Teprasit, Muang</u> Street Address <u>Nakhon Nowhere, Thailand</u> City <u>+66-77-777-7777</u> Daytime Phone <u>survivor_doe@fakemail.com</u> Email Address	5. AUTHORIZATION SIGNATURE: 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 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.) _____ Signature Required - Do not print Date <u>01/01/2024</u> * This form is available at https://www.archives.gov/veterans/military-service-records/standard-form-180.html on the National Archives and Records Administration (NARA) website. *

Appendix 7

VA Form 21P-534EZ (Example)

Application for DIC, Survivors Pension, and/or Accrued Benefits

EXAMPLEOMB Control No. 2900-0004
Respondent Burden: 40 minutes
Expiration Date: 07/31/2025**VA DATE STAMP**
(DO NOT WRITE IN THIS SPACE)**APPLICATION FOR DIC, SURVIVORS PENSION,
AND/OR ACCRUED BENEFITS****INSTRUCTIONS:** Before completing this form, read the Privacy Act and Respondent Burden on page 18. Use this form to submit a claim for DIC, Survivors Pension, and/or Accrued Benefits. For additional information or questions contact us online at <https://www.va.gov/contact-us> or call us toll-free at 1-800-827-1000 (TTY: 711). VA forms are available at www.va.gov/vaforms. If submitting by mail, send completed form to: **Department of Veterans Affairs, Pension Intake Center, P.O. Box 5365, Janesville, WI 53547-5365.****SECTION I: VETERAN'S IDENTIFICATION INFORMATION (MUST COMPLETE)****NOTE:** You may *either* complete the form by typing the information in on the computer or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

1A. VETERAN'S NAME (First, Middle Initial, Last)

J o h n W D o e

1B. VETERAN'S SOCIAL SECURITY NUMBER

9 8 7 - 6 5 - 4 3 2 1

1C. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)

0 8 / 1 2 / 1 9 4 6

1D. HAS THE VETERAN, SURVIVING SPOUSE, CHILD, OR PARENT EVER FILED A CLAIM WITH VA?

 YES NO (If "YES," provide the file number in Item 1E)

1E. VA FILE NUMBER (If known)

1F. DID THE VETERAN DIE WHILE ON ACTIVE DUTY?

 YES NO

1G. VETERAN'S SERVICE NUMBER

N 3 3 3 2 2 1 1

1H. VETERAN'S DATE OF DEATH? (MM/DD/YYYY)

1 2 / 1 8 / 2 0 2 3

SECTION II: CLAIMANT'S IDENTIFICATION INFORMATION (MUST COMPLETE)

2A. YOUR NAME (First, Middle Initial, Last)

M a l e e w a n D o e

2B. WHAT IS YOUR RELATIONSHIP TO THE VETERAN? (Check one)

 SURVIVING SPOUSE CHILD 18-23 IN SCHOOL CUSTODIAN FILING FOR CHILD UNDER 18 HELPLESS ADULT CHILD

2C. YOUR SOCIAL SECURITY NUMBER

2D. YOUR DATE OF BIRTH (MM/DD/YYYY)

0 7 / 0 4 / 1 9 6 2

2E. ARE YOU A VETERAN?

 YES NO

2F. MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street S e e R e m a r k s

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code

2G. YOUR TELEPHONE NUMBER (Include Area Code)

- - Enter International Phone Number (If applicable) +66-77-777-7777

2H. E-MAIL ADDRESS (Optional)

s u r v i v o r _ d o e @ f a k e m a i l . c o m

2I. WHAT ARE YOU CLAIMING? (Check all that apply)

 DEPENDENCY AND INDEMNITY COMPENSATION (DIC) SURVIVORS PENSION ACCRUED BENEFITS**SECTION III: VETERAN'S SERVICE INFORMATION**

(Skip to Section IV if the veteran was receiving VA compensation or pension benefits at the time of their death)

NOTE: Please refer to instructions page 4, Military Service Verification for more information pertaining to service information and relevant documents.

3A. DID THE VETERAN SERVE UNDER ANOTHER NAME?

 YES NO (If "YES," list other names the veteran served under below)

SECTION V: MARITAL HISTORY

TELL US ABOUT ANY OTHER MARRIAGES YOU AND/OR THE VETERAN HAD. IF YOU AND THE VETERAN DID NOT HAVE ANY ADDITIONAL MARRIAGES SKIP TO SECTION VI.

VETERAN'S PRIOR MARRIAGES (If none skip to Item 5L)

5A. NAME OF PERSON VETERAN WAS PREVIOUSLY MARRIED TO (First, Middle Initial, Last)

B e a t r i c e I N o m o r e

5B. HOW DID THE VETERAN'S PREVIOUS MARRIAGE END?

DEATH DIVORCE OTHER (Explain below)

5C. WHAT ARE THE DATES OF THE VETERAN'S PREVIOUS MARRIAGE? (MM/DD/YYYY)

START: 0 5 / 0 5 / 1 9 7 2
 END: 1 1 / 0 1 / 1 9 7 9

5D. PLACE OF MARRIAGE (City/State or Country)

Norfolk, Virginia

5E. PLACE OF MARRIAGE TERMINATION (City/State or Country)

Norfolk, Virginia

5F. NAME OF PERSON VETERAN WAS PREVIOUSLY MARRIED TO (First, Middle Initial, Last)

5G. HOW DID THE VETERAN'S PREVIOUS MARRIAGE END?

DEATH DIVORCE OTHER (Explain below)

5H. WHAT ARE THE DATES OF THE VETERAN'S PREVIOUS MARRIAGE? (MM/DD/YYYY)

START: / /
 END: / /

5I. PLACE OF MARRIAGE (City/State or Country)

5J. PLACE OF MARRIAGE TERMINATION (City/State or Country)

5K. DO YOU HAVE ADDITIONAL MARRIAGES TO REPORT FOR THE VETERAN?

YES NO

(If "YES," please submit a VA Form 21-686c, *Application to Request to Add And/Or Remove Dependents*, or VA Form 21-4138, *Statement in Support of Claim*, as needed to provide the information for additional marital history)

TELL US ABOUT YOUR MARRIAGES PRIOR TO MARRYING THE VETERAN (If none skip to Section VI)

5L. NAME OF PERSON YOU WERE MARRIED TO PRIOR TO MARRYING THE VETERAN (First, Middle Initial, Last)

S o m c h a i K r u n g t h e p

5M. HOW DID YOUR PREVIOUS MARRIAGE END?

DEATH DIVORCE OTHER (Explain below)

5N. WHAT ARE THE DATES OF YOUR PREVIOUS MARRIAGE? (MM/DD/YYYY)

START: 0 3 / 1 5 / 1 9 9 1
 END: 0 4 / 0 1 / 2 0 0 0

5O. PLACE OF MARRIAGE (City/State or Country)

Thailand

5P. PLACE OF MARRIAGE TERMINATION (City/State or Country)

Thailand

5Q. NAME OF PERSON YOU WERE MARRIED TO PRIOR TO MARRYING THE VETERAN (First, Middle Initial, Last)

5R. HOW DID YOUR PREVIOUS MARRIAGE END?

DEATH DIVORCE OTHER (Explain below)

5S. WHAT ARE THE DATES OF YOUR PREVIOUS MARRIAGE? (MM/DD/YYYY)

START: / /
 END: / /

5T. PLACE OF MARRIAGE (City/State or Country)

5U. PLACE OF MARRIAGE TERMINATION (City/State or Country)

5V. DO YOU HAVE ADDITIONAL MARRIAGES TO REPORT?

YES NO

(If "YES," please submit a VA Form 21-686c, *Application to Request to Add And/Or Remove Dependents*, or VA Form 21-4138, *Statement in Support of Claim*, as needed to provide the information for additional marital history)

SECTION VI: CHILD OF THE VETERAN INFORMATION
(COMPLETE ONLY IF CLAIMING BENEFITS FOR A CHILD(REN) OF THE VETERAN)
(Skip to Section VII if you are NOT claiming benefits for a child(ren) of the veteran)

NOTE: Please refer to instructions page 2, under "Special Circumstances" for what is considered a dependent child. In most circumstances, children over the age of 23 are not considered dependent for VA purposes.

6A. HOW MANY DEPENDENT CHILDREN DO YOU HAVE?

0 1

(NOTE: Please complete a VA Form 21-686c, *Application Request to Add and/or Remove Dependents*, if you need more space for additional dependents)

6B. CHILD'S NAME (First, Middle Initial, Last)

J a m e s

J D o e

6C. CHILD'S DATE OF BIRTH (MM/DD/YYYY)

1 2 / 1 4 / 2 0 1 1

6D. CHILD'S SOCIAL SECURITY NUMBER

5 5 5 - 5 5 - 5 5 5 5

6E. PLACE OF BIRTH (City/State or Country)

T h a i l a n d

6F. WHAT IS THE CHILD'S STATUS? (Check all that apply)

- BIOLOGICAL ADOPTED STEPCCHILD 18-23 YEARS OLD (in school) SERIOUSLY DISABLED CHILD PREVIOUSLY MARRIED
 DOES NOT LIVE WITH YOU AND MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT \$, .00

6G. CHILD'S NAME (First, Middle Initial, Last)

6H. CHILD'S DATE OF BIRTH (MM/DD/YYYY)

/ /

6I. CHILD'S SOCIAL SECURITY NUMBER

- -

6J. PLACE OF BIRTH (City/State or Country)

6K. WHAT IS THE CHILD'S STATUS? (Check all that apply)

- BIOLOGICAL ADOPTED STEPCCHILD 18-23 YEARS OLD (in school) SERIOUSLY DISABLED CHILD PREVIOUSLY MARRIED
 DOES NOT LIVE WITH YOU AND MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT \$, .00

6L. CHILD'S NAME (First, Middle Initial, Last)

6M. CHILD'S DATE OF BIRTH (MM/DD/YYYY)

/ /

6N. CHILD'S SOCIAL SECURITY NUMBER

- -

6O. PLACE OF BIRTH (City/State or Country)

6P. WHAT IS THE CHILD'S STATUS? (Check all that apply)

- BIOLOGICAL ADOPTED STEPCCHILD 18-23 YEARS OLD (in school) SERIOUSLY DISABLED CHILD PREVIOUSLY MARRIED
 DOES NOT LIVE WITH YOU AND MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT \$, .00

6Q. DO YOUR CHILDREN WHO DO NOT LIVE WITH YOU (If listed above) RESIDE AT THE SAME ADDRESS?

- YES NO (If "YES," please complete Item 6R) (If "NO," please complete a VA Form 21-4138, *Statement in Support of Claim*, with the following information:
 Name of person the child is currently living with, and the full address where the child resides)

6R. PLEASE PROVIDE THE NAME AND ADDRESS OF THE CHILD(REN'S) CUSTODIAN BELOW:

Custodian's Name (First, Middle Initial, Last)

Custodian's Mailing Address (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code -

SECTION VII: DEPENDENCY AND INDEMNITY COMPENSATION (DIC)
(Skip to Section VIII if you are NOT claiming DIC)

7A. WHAT BENEFIT ARE YOU CLAIMING? (Check one)

- DIC DIC under 38 U.S.C. 1151 (Note: DIC under 38 U.S.C. 1151 is a rare benefit. Please refer to Instructions page 5 for guidance on 38 U.S.C 1151) DIC due to claimant election of a re-evaluation of a previously denied claim based on expanded eligibility under PL 117-168 (PACT Act) (Note: Please refer to Instructions page 6 for guidance on PACT Act)

7B. LIST ANY VA MEDICAL CENTERS WHERE THE VETERAN RECEIVED TREATMENT PERTAINING TO YOUR CLAIM AND PROVIDE TREATMENT DATES:

NAME AND LOCATION OF VA MEDICAL CENTER	DATE(S) OF TREATMENT (MM/DD/YYYY)
	START: <input type="text"/> / <input type="text"/> / <input type="text"/> END: <input type="text"/> / <input type="text"/> / <input type="text"/>
	START: <input type="text"/> / <input type="text"/> / <input type="text"/> END: <input type="text"/> / <input type="text"/> / <input type="text"/>
	START: <input type="text"/> / <input type="text"/> / <input type="text"/> END: <input type="text"/> / <input type="text"/> / <input type="text"/>

SECTION VIII: NURSING HOME OR INCREASED SURVIVORS ENTITLEMENT

8A. ARE YOU CLAIMING SPECIAL MONTHLY PENSION OR SPECIAL MONTHLY DIC BECAUSE YOU NEED THE REGULAR ASSISTANCE OF ANOTHER PERSON, HAVE SEVERE VISUAL PROBLEMS, OR ARE GENERALLY CONFINED TO YOUR IMMEDIATE PREMISES?

- YES NO (If "YES," please complete a VA Form 21-2680, Examination for Housebound Status or Permanent Need for Regular Aid and Attendance. Please make sure every box is complete and signed by a Physician, Physician Assistant (PA), Certified Nurse Practitioner (CNP/CRNP), or Clinical Nurse Specialist (CNS))

8B. ARE YOU NOW IN A NURSING HOME?

- YES NO (If "YES," complete VA Form 21-0779, Request for Nursing Home Information in Connection with Claim for Aid and Attendance. For additional information see Instructions, page 6 under "Increased Survivor Benefits Based on Special Monthly Pension or Special Monthly DIC") (If "NO," skip to Item 9A)

SECTION IX: INCOME AND ASSETS
(Skip to Section X if you are NOT claiming survivors pension benefits)

NOTE: Assets are all the money and property you or your dependents own. Assets **do not** include your/your family's primary residence or personal effects such as appliances and vehicles you or your dependents need for transportation.

IMPORTANT:

- If you are a surviving spouse claimant, you must report income and assets for yourself and for any child of the veteran who lives with you or for whom you are responsible unless a court has decided you do not have custody of the child.
- If you are a surviving child claimant (which means the child is not in the custody of a surviving spouse), you must report income and assets for yourself, your custodian, and your custodian's spouse.

9A. DO YOU OR YOUR DEPENDENTS HAVE OVER \$25,000.00 IN ASSETS? (NOT INCLUDING THE VALUE OF YOUR PRIMARY RESIDENCE)

- YES NO (If "YES," please submit a VA Form 21P-0969, Income and Asset Statement in Support of Claim for Pension or Parent's Dependency and Indemnity Compensation (DIC))

(If "No," provide an estimate of the total value of your assets below)

\$, .

9B. IN THE THREE CALENDAR YEARS BEFORE THIS YEAR, DID YOU OR YOUR DEPENDENTS TRANSFER ANY ASSETS? (Examples of asset transfers include giving assets away, selling assets, purchasing an annuity, or using assets to establish a trust)

- YES NO (If "YES," please submit a VA Form 21P-0969, Income and Asset Statement in Support of Claim for Pension or Parent's Dependency and Indemnity Compensation (DIC))

9C. DO YOU OR YOUR DEPENDENTS OWN YOUR/YOUR FAMILY'S PRIMARY RESIDENCE?

- YES NO (If "NO," skip to Item 9G)

9D. IS THE VALUE OF THE LOT ON WHICH THE PRIMARY RESIDENCE SITS OVER 2 ACRES (87,120 SQ FT)?

- YES NO (If "NO," skip to Item 9H)

9E. IF PRIMARY RESIDENCE SITS ON A LOT OVER 2 ACRES (87,120 SQ FT), WHAT IS THE VALUE OF THE LAND OVER 2 ACRES? (Do NOT include the value of the residence or the first 2 acres)

\$, , .

9F. IS THE LAND OVER 2 ACRES (87,120 SQ FT) MARKETABLE?

- YES NO (If "YES," please submit a VA Form 21P-0969)

9G. DO YOU OR YOUR DEPENDENTS HAVE MORE THAN FOUR (4) SOURCES OF INCOME?

- YES NO (If "YES," please submit a VA Form 21P-0969, and ONLY report your Social Security income in Item 9I)

9H. OTHER THAN SOCIAL SECURITY, DID YOU OR YOUR DEPENDENTS RECEIVE ANY INCOME LAST YEAR THAT YOU NO LONGER RECEIVE?

- YES NO (If "YES," please submit a VA Form 21P-0969)

SECTION IX: INCOME AND ASSETS (CONTINUED)
 (Skip to Section X if you are not claiming survivors pension benefits)

Please use the space below to report any income you currently receive.

IMPORTANT: If you have been directed to complete a VA Form 21P-0969, *Income and Asset Statement in Support of Claim for Pension or Parents' DIC*, in previous Items 9A through 9H, VA only requires that Social Security income be reported below in Items 9I through 9L. All other income should be reported on the VA Form 21P-0969 and will be counted as reported, **do not** duplicate.

NOTE: Gross income is defined as any income you received prior to deductions. If reporting income in Items 9I through 9L, any items skipped or left blank will be considered as unspecified income and could require a request for additional information potentially delaying your claim. If you leave entire question blank we will assume you have no income to report.

NO.	(1) WHO IS THE INCOME RECIPIENT?	(2) WHAT IS THE TYPE/SOURCE OF INCOME?	(3) WHAT IS THE CURRENT GROSS MONTHLY INCOME?
9I	<input type="radio"/> SURVIVING SPOUSE <input checked="" type="radio"/> CHILD (Provide name below) James John Doe	<input checked="" type="radio"/> SOCIAL SECURITY <input type="radio"/> PENSION/RETIREMENT <input type="radio"/> CIVIL SERVICE <input type="radio"/> INTEREST/DIVIDENDS <input type="radio"/> OTHER (Specify Source i.e., inheritance, etc.)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
9J	<input type="radio"/> SURVIVING SPOUSE <input type="radio"/> CHILD (Provide name below)	<input type="radio"/> SOCIAL SECURITY <input type="radio"/> PENSION/RETIREMENT <input type="radio"/> CIVIL SERVICE <input type="radio"/> INTEREST/DIVIDENDS <input type="radio"/> OTHER (Specify Source i.e., inheritance, etc.)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
9K	<input type="radio"/> SURVIVING SPOUSE <input type="radio"/> CHILD (Provide name below)	<input type="radio"/> SOCIAL SECURITY <input type="radio"/> PENSION/RETIREMENT <input type="radio"/> CIVIL SERVICE <input type="radio"/> INTEREST/DIVIDENDS <input type="radio"/> OTHER (Specify Source i.e., inheritance, etc.)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
9L	<input type="radio"/> SURVIVING SPOUSE <input type="radio"/> CHILD (Provide name below)	<input type="radio"/> SOCIAL SECURITY <input type="radio"/> PENSION/RETIREMENT <input type="radio"/> CIVIL SERVICE <input type="radio"/> INTEREST/DIVIDENDS <input type="radio"/> OTHER (Specify Source i.e., inheritance, etc.)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>

SECTION X: INFORMATION ABOUT YOUR MEDICAL OR OTHER EXPENSES

Family medical expenses and certain other expenses you actually paid may be deductible from your income. Show the amount of unreimbursed medical expenses, including the Medicare deduction, you paid over the last year (or expect to pay and continue indefinitely) for yourself or relatives who are members of your household. Also, show unreimbursed last illness and burial expenses and educational or vocational rehabilitation expenses you paid.

Last illness and burial expenses are unreimbursed amounts you paid for the last illness and burial of a spouse or child, educational or vocational rehabilitation expenses are amounts you paid for courses of education including tuition, fees, and materials. Do not include any expenses for which you were/will be reimbursed. Please make sure to complete all criteria below (if applicable). If you need more space, complete and attach a separate VA Form 21P-8416, *Medical Expense Report*.

IMPORTANT: Out of pocket expenses paid by you or a VA-approved dependent may be claimed. Do **NOT** include expenses paid by other family members, insurance, etc.

10A. ARE YOU OR YOUR DEPENDENTS CLAIMING UNREIMBURSED MEDICAL EXPENSES OR OTHER EXPENSES?

YES NO (If "NO," skip to Section XI)

IN-HOME CARE OR CARE FACILITY

IMPORTANT: If you are claiming expenses for in-home care or assisted living, adult day care, or similar facility, you must complete the applicable worksheet(s) on pages 19 and 20 for each provider.

10B (1). WHOSE EXPENSES WERE PAID? <input type="radio"/> SURVIVING SPOUSE <input type="radio"/> OTHER (Specify below)	10B (2). NAME OF PROVIDER AND TYPE OF CARE CHECK ONE: <input type="radio"/> CARE FACILITY <input type="radio"/> IN-HOME CARE ATTENDENT	10B (3). IF THIS IS AN IN-HOME CARE PROVIDER WHAT IS THE: Payment Rate (Per Hour) \$ <input type="text"/> <input type="text"/> <input type="text"/> .00 Hours Worked (Per Week) <input type="text"/> <input type="text"/>
10B (4). PROVIDER START AND END DATE (MM/DD/YYYY) START: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> END: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> NO END DATE	10B (5). PAYMENT FREQUENCY <input type="radio"/> MONTHLY <input type="radio"/> ANNUALLY	10B (6). AMOUNT YOU PAY (Based on frequency selected in Item 10B (5)) \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>

IN-HOME CARE OR CARE FACILITY (Continued)

IMPORTANT: If you are claiming expenses for in-home care or assisted living, adult day care, or similar facility, you must complete the applicable worksheet(s) on pages 19 and 20 for each provider.

10C (1). WHOSE EXPENSES WERE PAID? <input type="radio"/> SURVIVING SPOUSE <input type="radio"/> OTHER (Specify below)	10C (2). NAME OF PROVIDER AND TYPE OF CARE CHECK ONE: <input type="radio"/> CARE FACILITY <input type="radio"/> IN-HOME CARE ATTENDENT	10C (3). IF THIS IS AN IN-HOME CARE PROVIDER WHAT IS THE: Payment Rate (Per Hour) \$ <input type="text"/> <input type="text"/> <input type="text"/> .00 Hours Worked (Per Week) <input type="text"/> <input type="text"/> <input type="text"/>
10C (4). PROVIDER START AND END DATE (MM/DD/YYYY) START: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> END: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> NO END DATE	10C (5). PAYMENT FREQUENCY <input type="radio"/> MONTHLY <input type="radio"/> ANNUALLY	10C (6). AMOUNT YOU PAY (Based on frequency selected in Item 10C (5)) \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

10D (1). WHOSE EXPENSES WERE PAID? <input type="radio"/> SURVIVING SPOUSE <input type="radio"/> OTHER (Specify below)	10D (2). NAME OF PROVIDER AND TYPE OF CARE CHECK ONE: <input type="radio"/> CARE FACILITY <input type="radio"/> IN-HOME CARE ATTENDENT	10D (3). IF THIS IS AN IN-HOME CARE PROVIDER WHAT IS THE: Payment Rate (Per Hour) \$ <input type="text"/> <input type="text"/> <input type="text"/> .00 Hours Worked (Per Week) <input type="text"/> <input type="text"/> <input type="text"/>
10D (4). PROVIDER START AND END DATE (MM/DD/YYYY) START: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> END: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> NO END DATE	10D (5). PAYMENT FREQUENCY <input type="radio"/> MONTHLY <input type="radio"/> ANNUALLY	10D (6). AMOUNT YOU PAY (Based on frequency selected in Item 10D (5)) \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

OTHER MEDICAL, LAST, AND/OR BURIAL EXPENSES

10E (1). WHOSE EXPENSES WERE PAID? (Check one) <input checked="" type="radio"/> SURVIVING SPOUSE <input type="radio"/> CHILD (Specify below)	10E (2). PAID TO (Name of Provider, Insurance company, etc.) AND PURPOSE (Insurance premium, medical supplies, etc.) Provider: <input style="width:100%;" type="text" value="Wat Goodbye"/> Purpose: <input style="width:100%;" type="text" value="Burial Expenses of Deceased Veteran"/>	
--	---	--

10E (3). DATE COSTS INCURRED (MM/DD/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	10E (4). PAYMENT FREQUENCY <input type="radio"/> MONTHLY <input type="radio"/> ANNUALLY <input checked="" type="radio"/> ONE-TIME	10E (5). AMOUNT YOU PAY (Based on frequency selected in Item 10E (4)) \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
--	---	--

10F (1). WHOSE EXPENSES WERE PAID? (Check one) <input type="radio"/> SURVIVING SPOUSE <input type="radio"/> CHILD (Specify below)	10F (2). PAID TO (Name of Provider, Insurance company, etc.) AND PURPOSE (Insurance premium, medical supplies, etc.) Provider: <input style="width:100%;" type="text"/> Purpose: <input style="width:100%;" type="text"/>	
---	---	--

10F (3). DATE COSTS INCURRED (MM/DD/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	10F (4). PAYMENT FREQUENCY <input type="radio"/> MONTHLY <input type="radio"/> ANNUALLY <input type="radio"/> ONE-TIME	10F (5). AMOUNT YOU PAY (Based on frequency selected in Item 10F (4)) \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
---	--	---

10G (1). WHOSE EXPENSES WERE PAID? (Check one) <input type="radio"/> SURVIVING SPOUSE <input type="radio"/> CHILD (Specify below)	10G (2). PAID TO (Name of Provider, Insurance company, etc.) AND PURPOSE (Insurance premium, medical supplies, etc.) Provider: <input style="width:100%;" type="text"/> Purpose: <input style="width:100%;" type="text"/>	
---	---	--

10G (3). DATE COSTS INCURRED (MM/DD/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	10G (4). PAYMENT FREQUENCY <input type="radio"/> MONTHLY <input type="radio"/> ANNUALLY <input type="radio"/> ONE-TIME	10G (5). AMOUNT YOU PAY (Based on frequency selected in Item 10G (4)) \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
---	--	---

OTHER MEDICAL, LAST, AND/OR BURIAL EXPENSES (Continued)		
10H (1). WHOSE EXPENSES WERE PAID? (Check one) <input type="radio"/> SURVIVING SPOUSE <input type="radio"/> CHILD (Specify below)	10H (2). PAID TO (Name of Provider, Insurance company, etc.) AND PURPOSE (Insurance premium, medical supplies, etc.) Provider: _____ Purpose: _____	
10H (3). DATE COSTS INCURRED (MM/DD/YYYY) []/[]/[]	10H (4). PAYMENT FREQUENCY <input type="radio"/> MONTHLY <input type="radio"/> ANNUALLY <input type="radio"/> ONE-TIME	10H (5). AMOUNT YOU PAY (Based on frequency selected in Item 10H (4)) \$ [] , [] . []

10I (1). WHOSE EXPENSES WERE PAID? (Check one) <input type="radio"/> SURVIVING SPOUSE <input type="radio"/> CHILD (Specify below)	10I (2). PAID TO (Name of Provider, Insurance company, etc.) AND PURPOSE (Insurance premium, medical supplies, etc.) Provider: _____ Purpose: _____	
10I (3). DATE COSTS INCURRED (MM/DD/YYYY) []/[]/[]	10I (4). PAYMENT FREQUENCY <input type="radio"/> MONTHLY <input type="radio"/> ANNUALLY <input type="radio"/> ONE-TIME	10I (5). AMOUNT YOU PAY (Based on frequency selected in Item 10I (4)) \$ [] , [] . []

10J (1). WHOSE EXPENSES WERE PAID? (Check one) <input type="radio"/> SURVIVING SPOUSE <input type="radio"/> CHILD (Specify below)	10J (2). PAID TO (Name of Provider, Insurance company, etc.) AND PURPOSE (Insurance premium, medical supplies, etc.) Provider: _____ Purpose: _____	
10J (3). DATE COSTS INCURRED (MM/DD/YYYY) []/[]/[]	10J (4). PAYMENT FREQUENCY <input type="radio"/> MONTHLY <input type="radio"/> ANNUALLY <input type="radio"/> ONE-TIME	10J (5). AMOUNT YOU PAY (Based on frequency selected in Item 10J (4)) \$ [] , [] . []

SECTION XI: DIRECT DEPOSIT INFORMATION (MUST COMPLETE)

The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. To enroll in direct deposit, provide the information requested below, **and** attach either a voided personal check **or** a deposit slip. If you **do not** have a bank account, please visit <https://www.benefits.va.gov/benefits/banking.asp>. This website provides information about the Veterans Benefits Banking Program (VBBP), and a link to banks and credit unions that may fit your needs. You may also call 1-800-827-1000. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

11A. NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit) B a n k o k B a n k	11B. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check) _____
SWIFT Code: BKKBTHBK	

11C. ACCOUNT NUMBER (Check the appropriate box and provide the account number, or simply write "Established" if you have a direct deposit with VA.)
 CHECKING SAVINGS I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT

Account No.: **8 7 8 7 8 7 8 7 8 7** (International Direct Deposit)

SECTION XII: CLAIM CERTIFICATION AND SIGNATURE (MUST COMPLETE)

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.

I certify I have received the notice attached to this application titled **Notice to Survivor of Evidence Necessary to Substantiate a Claim for Dependency Indemnity Compensation, Death Pension, and/or Accrued Benefits.**

I certify I have enclosed all the information or evidence that will support my claim, to include an identification of relevant records available at a Federal facility, such as a VA medical center; **OR**, I have no information or evidence to give VA to support my claim; **OR**, I have checked the box in Item 12A, indicating that I **DO NOT** want my claim considered for rapid processing in the Fully Developed Claim (FDC) Program because I plan to submit further evidence in support of my claim.

12A. The FDC Program is designed to rapidly process compensation or pension claims received with the evidence necessary to decide the claim. VA will *automatically* consider a claim submitted on this form for rapid processing under the FDC Program. Check the below box **ONLY if you DO NOT want your claim considered for rapid processing** under the FDC Program because you plan to submit further evidence in support of your claim.

I DO NOT want my claim considered for paid processing under the FDC Program because I plan to submit further evidence in support of my claim.

SECTION XII: CLAIM CERTIFICATION AND SIGNATURE (MUST COMPLETE) (Continued)

12B. CLAIMANT'S SIGNATURE OR MARK WITH AN "X" IF UNABLE TO SIGN (REQUIRED)

12C. DATE SIGNED (MM/DD/YYYY)

0 1 / 0 1 / 2 0 2 4

**SECTION XIII: WITNESSES TO SIGNATURE
(TWO (2) WITNESS SIGNATURES ARE REQUIRED ONLY IF ITEM 12B IS SIGNED WITH AN "X")**

13A. SIGNATURE OF WITNESS (Sign in **INK**) (**NOTE:** Only sign if claimant signed in Item 12B using an "X")

13B. PRINTED NAME AND ADDRESS OF WITNESS

Name:

Address:

13C. SIGNATURE OF WITNESS (Sign in **INK**) (**NOTE:** Only sign if claimant signed in Item 12B using an "X")

13D. PRINTED NAME AND ADDRESS OF WITNESS

Name:

Address:

**SECTION XIV: ALTERNATE SIGNER CERTIFICATION AND SIGNATURE
(NOTE: REQUIRED ONLY IF ITEM 12B IS BLANK)**

I certify that by signing on behalf of the claimant, that I am a court-appointed representative; **OR**, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; **OR**, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; **OR**, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; **AND**, that the claimant is under the age of 18; **OR**, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; **OR**, is physically unable to sign this form.

I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

14A. ALTERNATE SIGNER SIGNATURE

14B. DATE SIGNED (MM/DD/YYYY)

/ /

PRIVACY ACT NOTICE: The form will be used to determine allowance to pension benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: 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. Your response is required in order to obtain or retain benefits. Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs. Social Security information: You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.


RESPONDENT BURDEN: We need this information to determine your eligibility for pension. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 40 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.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

Appendix 8

VA Form 27-2008 (Example)

Application for US Flag for Burial Purposes

EXAMPLEOMB Control No. 2900-0013
Respondent Burden: 15 Minutes
Expiration Date: 04-30-2024

 Department of Veterans Affairs		APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES	
<p>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, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment 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.</p> <p>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.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.</p>			
<p>IMPORTANT - Postmaster or other issuing official: Submit this form to address listed in block 22.</p>			
<p>INFORMATION ABOUT THE DECEASED VETERAN (Complete as much as possible) <i>(Information provided is considered essential when applying for other VA benefits.)</i></p>			
1. FIRST, MIDDLE, LAST NAME OF VETERAN (<i>Print or type</i>)		2. MAIDEN NAME OR OTHER NAME(S) VETERAN USED WHILE ON ACTIVE DUTY (<i>Print or type</i>)	
John William Doe		None	
3. VA FILE NUMBER	4. SOCIAL SECURITY NUMBER	5. MILITARY SERVICE NUMBER/SERIAL NUMBER	
	987-65-4321	N 333 22 11	
6. BRANCH OF SERVICE (<i>Check box</i>)			
<input type="checkbox"/> ARMY <input checked="" type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> SPACE FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> SELECTED SERVICE <input type="checkbox"/> OTHER (<i>Specify</i>)			
7. DATE ENTERED ACTIVE DUTY (<i>or Selected Reserve</i>)	8. DATE RELEASED FROM ACTIVE DUTY (<i>or Selected Reserve</i>)	9. DATE OF BIRTH	10. DATE OF DEATH
09/01/1964	09/01/1968	08/12/1946	12/18/2023
11. DATE OF BURIAL	12. PLACE OF BURIAL (<i>Name of cemetery, city, and State</i>)		
12/23/2023	Wat Goodbye Nakhon Nowhere, Thailand		
13. HAS DOCUMENTATION BEEN PRESENTED OR ATTACHED THAT SHOWS THE VETERAN MEETS THE ELIGIBILITY CRITERIA? (<i>See Paragraphs C, D, and E of the "Instructions"</i>)			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (<i>If "No," explain in Item 15, "Remarks" (See paragraph E of the "Instructions")</i>)			
<p>INFORMATION ABOUT THE FLAG RECIPIENT AND APPLICANT</p>			
14A. NAME OF PERSON ENTITLED TO RECEIVE FLAG		14B. RELATIONSHIP OF DECEASED VETERAN (<i>See Paragraph F of the "Instructions"</i>)	
Maleewan (NMI) Doe		Unremarried Surviving Spouse	
14C. ADDRESS OF PERSON ENTITLED TO RECEIVE FLAG (<i>Number and street or rural route, city or P.O., State and ZIP Code</i>)			14D. TELEPHONE NUMBER
See Item 17.			+66-77-777-7777
15. REMARKS			
<p>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.</p>			
16. SIGNATURE OF APPLICANT (<i>Sign in INK</i>)	17. ADDRESS OF APPLICANT (<i>Number and street or rural route, city or P.O., and ZIP Code</i>)	18. RELATIONSHIP TO DECEASED VETERAN	19. DATE SIGNED
	38/83 Moo 6, Ling Rd. Tepprasit, Muang Nakhon Nowhere 12345 Thailand	Surviving Spouse	12/19/2023
<p>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.</p>			
<p>ACKNOWLEDGMENT OF RECEIPT OF FLAG (ONLY ONE FLAG MAY BE ISSUED FOR EACH DECEASED VETERAN)</p>			
20. SIGNATURE OF PERSON RECEIVING FLAG (<i>Sign in INK</i>)		21. DATE FLAG ISSUED	
<p>When the burial flag is issued, send the completed VA Form 27-2008 to: NCA Field Programs Evidence Intake Center PO Box 5237 Janesville, WI 53547</p>			

Appendix 9

VA Form 21P-530EZ (Example)

Application for Burial Benefits

SECTION IV - INFORMATION REGARDING FINAL RESTING PLACE

16. PLACE OF BURIAL PLOT, INTERMENT SITE, OR FINAL RESTING PLACE OF DECEASED VETERAN'S REMAINS

- CEMETERY/GRAVEYARD PRIVATE RESIDENCE
 MAUSOLEUM/VAULT/TOMB/ENCRYPT OTHER (SPECIFY) _____

17. WAS THE VETERAN BURIED IN A NATIONAL CEMETERY, OR ONE OWNED BY THE FEDERAL GOVERNMENT?

- YES NO (If "Yes," provide name of cemetery) _____

18. WAS THE VETERAN BURIED IN A CEMETERY OWNED BY THE STATE OR TRIBAL TRUST LAND?

- YES, State Cemetery YES, Tribal Trust Land NO (If "Yes," provide name and zip code of cemetery or Tribal Trust Land below)

Name: _____

Zip Code: _____

19A. DID A FEDERAL/STATE GOVERNMENT OR THE VETERAN'S EMPLOYER CONTRIBUTE TO THE BURIAL?

- YES NO (If "Yes," complete Item 19B)

19B. AMOUNT OF GOVERNMENT OR EMPLOYER CONTRIBUTION

\$.00

SECTION V - CLAIM FOR BURIAL ALLOWANCE

20A. SELECT TYPE OF BURIAL ALLOWANCE YOU ARE CLAIMING (May apply for more than one)

- NON-SERVICE-CONNECTED BURIAL ALLOWANCE
 SERVICE-CONNECTED BURIAL ALLOWANCE
 UNCLAIMED REMAINS OF THE VETERAN (If claimed, you must answer question 20B)

20B. WHERE DID THE VETERAN'S DEATH OCCUR? (Check One)

- NURSING HOME/FACILITY (NOT PAID BY VA) OR VETERAN'S RESIDENCE
 NURSING HOME/FACILITY (PAID BY VA)*
 VA MEDICAL CENTER*
 STATE VETERANS FACILITY*
 OTHER (Specify place of death)* _____

*Please provide veteran's specific place of death including the name and location of the nursing home, VA Medical Center or State veteran facility

21. IF YOU ARE THE DECEASED VETERAN'S SPOUSE, DID YOU PREVIOUSLY RECEIVE A VA BURIAL ALLOWANCE? YES NO

22A. ARE YOU RESPONSIBLE FOR THE VETERAN'S BURIAL EXPENSES? YES NO

22B. DO YOU CERTIFY THE REMAINS OF THE DECEASED VETERAN HAVE NOT BEEN CLAIMED BY RELATIVES OR FRIENDS AND THERE ARE NOT SUFFICIENT RESOURCES AVAILABLE IN THE VETERAN'S ESTATE TO COVER THE BURIAL AND FUNERAL EXPENSES? (Required only if claiming unclaimed remains of veteran) YES NO

SECTION VI - CLAIM FOR PLOT AND/OR TRANSPORTATION ALLOWANCE

23. ARE YOU RESPONSIBLE FOR THE VETERAN'S PLOT OR INTERMENT EXPENSES? YES NO

24. ARE YOU RESPONSIBLE FOR THE VETERAN'S TRANSPORTATION EXPENSES FROM THE PLACE OF DEATH TO THE FINAL RESTING PLACE? (You must include an itemized receipt.) YES NO

SECTION VII - CLAIM CERTIFICATION AND SIGNATURES (MUST COMPLETE)

CLAIMANT CERTIFICATION AND SIGNATURE

- I WANT my claim processed under the FDC program. 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 and the veteran, and I WAIVE any privilege which makes the information confidential. I CERTIFY I have received the notice attached to this application titled, **Application for Burial Benefits**, and, I CERTIFY I have enclosed all the information or evidence that will support my claim, to include an identification of relevant records available at a Federal facility such as a VA medical center; or, I have no additional information or evidence to give VA to support my claim.
 I do not want my claim processed under the FDC program. I am indicating I want my claim processed under the standard claim process because I plan to submit further evidence in support of my claim.

25A. SIGNATURE OF CLAIMANT (REQUIRED) (Physical Signature OR E-Signature) (If signed using an "X", complete Items 27A through 28B) (If signing for a firm, corporation, or State agency, complete Items 26A through 26B)

25B. PRINTED NAME OF CLAIMANT

Maleewan (NMI) Doe

26A. FULL PRINTED NAME AND ADDRESS OF PERSON, FIRM, CORPORATION, OR STATE AGENCY SIGNING AS CLAIMANT (If different from Item 7)

26B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY

SECTION VIII: WITNESSES TO SIGNATURE

NOTE - If the claimant signed above using an "X", a signature must be witnessed by two persons to whom the person making the statement and the signatures and addresses of such witnesses must be shown below.

27A. SIGNATURE OF WITNESS (Physical Signature) (Only sign if the signature in Item 25A used an "X")

27B. PRINTED NAME AND ADDRESS OF WITNESS

28A. SIGNATURE OF WITNESS (Physical Signature) (Only sign if the signature in Item 25A used an "X")

28B. PRINTED NAME AND ADDRESS OF WITNESS

SECTION IX: ALTERNATE SIGNER CERTIFICATION AND SIGNATURE (REQUIRED ONLY IF ITEM 25A IS BLANK)

I CERTIFY THAT by signing on behalf of the claimant, I am a court-appointed representative; **OR**, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; **OR**, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; **OR**, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; **AND**, that the claimant is under the age of 18; **OR**, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; **OR**, is physically unable to sign this form.

I UNDERSTAND that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

29A. ALTERNATE SIGNER SIGNATURE (REQUIRED only if 25A is blank) (Physical Signature)

29B. DATE SIGNED (MM/DD/YYYY)

PRIVACY ACT INFORMATION: The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Veteran Readiness and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law and is required to obtain benefits. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine your eligibility for burial benefits. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 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. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain.

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false.

DEPARTMENT OF VETERANS AFFAIRS HEADSTONES AND MARKERS

The Department of Veterans Affairs will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals may include any veterans with an other than dishonorable discharge who dies after service or any servicemember who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or Markers for all individuals in a national or post cemetery are furnished automatically without a request from the family. For additional information on burial benefits go to the web site, https://www.cem.va.gov/burial_benefits/index.asp. To obtain VA Form 40-1330, Application for Standard Government Headstone or Marker go to www.va.gov/vaforms or contact your local VA regional office. The address of that office can be found at www.va.gov/directory.

Appendix 10

IRS Form W-7 (Example)

Application for IRS Individual Taxpayer Identification Number (ITIN)

Form **W-7**
(Rev. August 2019)
Department of the Treasury
Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.
► See separate instructions.

OMB No. 1545-0074

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

Application type (check one box):
<input checked="" type="checkbox"/> Apply for a new ITIN
<input type="checkbox"/> Renew an existing ITIN

Before you begin:

• Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).

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

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

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

Name (see instructions) Name at birth if different . . . ►	1a First name Maleewan	Middle name (NMI)	Last name Doe
	1b First name Maleewan	Middle name (NMI)	Last name Namsakun

Applicant's Mailing Address	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 38/83 Moo 6, Ling Rd. Teprapit, Muang
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. Nakhon Nowhere 12345 Thailand

Foreign (non-U.S.) Address (see instructions)	3 Street address, apartment number, or rural route number. Don't use a P.O. box number. Same.
	City or town, state or province, and country. Include postal code where appropriate.

Birth Information	4 Date of birth (month / day / year) 0 7 / 0 4 / 1 9 6 2	Country of birth Thailand	City and state or province (optional) Nakhon Somewhere	5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
--------------------------	---	-------------------------------------	--	--

Other Information	6a Country(ies) of citizenship Thailand	6b Foreign tax I.D. number (if any) N/A	6c Type of U.S. visa (if any), number, and expiration date N/A
--------------------------	--	--	---

6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other	Date of entry into the United States (MM/DD/YYYY): / /
Issued by: Thailand No.: 444555666 Exp. date: 0 1 / 1 8 / 2 0 2 1	

6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?
 No/Don't know. Skip line 6f.
 Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

6f Enter ITIN and/or IRSN ► **ITIN** [][]-[][]-[][][][] **IRSN** [][][][]-[][][][]-[][][][][] and name under which it was issued ► _____
 First name Middle name Last name

6g Name of college/university or company (see instructions) ► _____
 City and state ► _____ Length of stay ► _____

Sign Here
Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Keep a copy for your records.	Signature of applicant (if delegate, see instructions)	Date (month / day / year) 01 / 01 / 2024	Phone number +66-77-777-7777
	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant <input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney	

Acceptance Agent's Use ONLY	Signature	Date (month / day / year) / /	Phone / /	Fax
	Name and title (type or print)	Name of company	EIN	PTIN
		Office code		

Appendix 11

IRS Form W-8BEN (Example)

Certificate of Foreign Status of Beneficial Owner for US Tax Withholding and Reporting (Individuals)

Form **W-8BEN**

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

(Rev. October 2021)

▶ For use by individuals. Entities must use Form W-8BEN-E.

OMB No. 1545-1621

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/FormW8BEN for instructions and the latest information.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form if:

Instead, use Form:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship	
Maleewan (NMI) Doe		Thailand	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.			
38/83 Moo 6, Ling Rd. Tepprasit, Muang		Country	
City or town, state or province. Include postal code where appropriate.		Thailand	
4 Mailing address (if different from above)			
Same.		Country	
City or town, state or province. Include postal code where appropriate.			
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)			
888-88-8888			
6a Foreign tax identifying number (see instructions)		6b Check if FTIN not legally required <input checked="" type="checkbox"/>	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	
0123456789		07041962	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of Thailand within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph 21 of the treaty identified on line 9 above to claim a 0 % rate of withholding on (specify type of income): Survivor Benefit Plan (SBP) Annuity.

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: Survivor Benefit Plan (SBP) Annuity from the U.S. Army. I am a nonresident alien.

Part III 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:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- 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. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

I certify that I have the capacity to sign for the person identified on line 1 of this form.

Sign Here

	01012024
Signature of beneficial owner (or individual authorized to sign for beneficial owner)	Date (MM-DD-YYYY)
(Beneficial Owner)	
Print name of signer	

Appendix 12

Form DFAS CL 5840/26 (Blank)

Affidavit Regarding Citizenship Status

AFFIDAVIT REGARDING CITIZENSHIP STATUS	
This is to certify I am a citizen of _____ and that (COUNTRY)	
for the United States federal income tax purposes, I am a resident of _____. (COUNTRY)	
_____ (Social Security Number of deceased)	_____ (Signature)
Subscribed and sworn to before me the ____ date of _____ 20__.	
_____ (Signature and Title of Attesting Officer or Notary)	
DFAS CL 5840/26 (REV. 7-92)	

Example DFAS CL 5840/26 (page 3):

<https://www.dfas.mil/Portals/98/SF1174ExampleSupplementalForeignAddr.pdf>

Memorandum 1

Survivor Assistance

• Survivor Assistance •

Dear Family Member,

1. We are very sorry for your loss and know how difficult this time may be for you.
2. In order to determine if you may be eligible for a US federal benefit, you will be asked questions and asked for necessary documents to support an application for benefits. Your answers to questions and the information in your documents will reveal if you are eligible for a benefit. If you cannot speak English, please ask an English-speaking family member or friend to help translate.
3. If you don't have all necessary documents, missing documents will need to be requested from the US (or Thai Amphoe or Census Registration, as the case may be) – which will delay claim processing. Please keep in mind that the US Embassy and US Consulate General are not records custodians and do not approve or deny applications for benefits.
4. The US Embassy/US Consulate General is not given any information about your claim. The information is mailed directly to you. However, if you are asked for information, please reply quickly.
5. Each benefit (federal, state, local, private employer) has its own eligibility and supporting documentation criteria, and eligibility can only be determined (case-by-case) by the benefits provider after a properly completed claim is submitted and processed.
6. Below is an example of approximate US federal benefit payment start dates if a claim is approved:
 - DoD Survivor Benefit Plan (SBP) 3-4 Months
 - OPM Survivor Annuity 3-4 Months
 - SSA Survivor 3-4 Months
 - VA Survivors Pension (SP) 9-12 Months
 - VA Dependency & Indemnity Compensation (DIC) 12+ Months
7. If you reside in an area with less than fully reliable mail delivery service, you should open a P.O. box at your local post office and use that P.O. box address on your benefits claim.
8. **YOU** must keep your address updated! When you receive correspondence, please quickly ask your helper to review it. Often, a survivor will fail to share all correspondence they've received and then expect their helper to know what was sent to them. Help your helper to help you!
9. **Important Note.** Unfortunately, there is no guarantee that you are eligible to receive a US federal benefit. We tell you this because many survivors mistakenly think that just because their friend is receiving money from the USG, then they will also. Again, it's possible you may not be eligible for any monthly benefits. You need to prepare financially. Once again, we are very sorry for your loss.

• การช่วยเหลือผู้ที่ยังมีชีวิตอยู่ •

เรียน สมาชิกครอบครัวทุกท่าน,

1. ขอแสดงความเสียใจต่อการสูญเสียของคุณ และเราตระหนักดีว่าเป็นช่วงเวลาที่น่าท้อใจของคุณ.
2. เพื่อพิจารณาว่าคุณอาจมีสิทธิได้รับผลประโยชน์ของรัฐบาลกลางสหรัฐฯ หรือไม่ คุณจะถูกถามคำถามและขอเอกสารที่จำเป็นเพื่อสนับสนุนการสมัครเพื่อรับสิทธิประโยชน์ คำตอบของคุณสำหรับคำถามและข้อมูลในเอกสารของคุณจะเปิดเผยว่าคุณมีสิทธิได้รับผลประโยชน์หรือไม่ หากคุณพูดภาษาอังกฤษไม่ได้ โปรดขอให้สมาชิกในครอบครัวหรือเพื่อนที่พูดภาษาอังกฤษช่วยแปล.
3. หากคุณไม่มีเอกสารที่จำเป็นทั้งหมด เอกสารที่ขาดหายไปจะต้องขอจากสหรัฐอเมริกา (หรืออำเภอไทยหรือทะเบียนสำมะโนประชากร แล้วแต่กรณี) ซึ่งจะทำให้การดำเนินการเรียกร้องล่าช้า โปรดทราบว่าสถานทูตสหรัฐฯ และสถานกงสุลใหญ่สหรัฐฯ ไม่ใช่ผู้ดูแลเอกสาร และไม่สามารถอนุมัติหรือปฏิเสธการสมัครรับผลประโยชน์.
4. สถานทูตสหรัฐฯ/สถานกงสุลใหญ่สหรัฐฯ จะไม่ได้รับข้อมูลใด ๆ เกี่ยวกับการสมัครรับผลประโยชน์ของคุณ ข้อมูลต่างๆจะถูกส่งตรงถึงคุณ อย่างไรก็ตาม หากคุณถูกถามข้อมูลโปรดตอบกลับอย่างรวดเร็ว.
5. สิทธิประโยชน์แต่ละรายการ (รัฐบาลกลาง รัฐ หน่วยงานท้องถิ่น นายจ้างเอกชน) มีสิทธิ์และเกณฑ์เอกสารสนับสนุนของตนเอง และผู้ให้บริการสวัสดิการสามารถกำหนดสิทธิ์ได้ (เป็นรายกรณี) หลังจากที่คุณขอรับผลประโยชน์ถูกส่งและประมวลผลการอ้างสิทธิ์เสร็จสมบูรณ์อย่างถูกต้องแล้วเท่านั้น.
6. ด้านล่างนี้คือตัวอย่างวันที่เริ่มต้นการจ่ายผลประโยชน์ของรัฐบาลกลางสหรัฐฯ โดยประมาณ หากการเรียกร้องได้รับการอนุมัติ :
 - กระทรวงกลาโหม โครงการผลประโยชน์ครอบครัวผู้เสียชีวิต (SBP) 3-4 เดือน
 - สำนักบริหารงานบุคคล เงินงวดของผู้รอดชีวิต 3-4 เดือน
 - ประกันสังคมครอบครัวผู้เสียชีวิต 3-4 เดือน
 - ฝ่ายบริหารทหารผ่านศึก บำนาญครอบครัวผู้เสียชีวิต (SP) 9-12 เดือน
 - ฝ่ายบริหารทหารผ่านศึก การพิงพา & การชดเชยค่าเสียหาย ค่าตอบแทน (DIC) 12+ เดือน
7. หากคุณอาศัยอยู่ในพื้นที่ที่มีบริการจัดส่งทางไปรษณีย์ที่ไม่น่าเชื่อถืออย่างสมบูรณ์ คุณควรเปิดตู้ ป.ณ. กล่องที่ทำการไปรษณีย์ในพื้นที่ของคุณและใช้ตู้ ป.ณ. ที่อยู่ในกล่องในการเรียกร้องผลประโยชน์ของคุณ.
8. คุณต้องอัปเดตที่อยู่ของคุณอยู่เสมอ! เมื่อคุณได้รับการติดต่อ โปรดขอให้ผู้ช่วยของคุณตรวจสอบอย่างรวดเร็ว บ่อยครั้ง ผู้รอดชีวิตจะล้มเหลวในการแบ่งปันการติดต่อทั้งหมดที่พวกเขาได้รับ และคาดหวังให้ผู้ช่วยของพวกเขาเห็นว่าสิ่งที่ส่งถึงพวกเขา ช่วยผู้ช่วยของคุณเพื่อช่วยคุณ!
9. **نکتهสำคัญ.** ขออภัย ไม่มีการรับประกันว่าคุณมีสิทธิได้รับสวัสดิการของรัฐบาลกลางสหรัฐฯ เราบอกคุณเช่นนี้เพราะผู้รอดชีวิตหลายคนคิดว่า เพราะเพื่อนของพวกเขาได้รับเงินจากรัฐบาลสหรัฐฯ แล้วพวกเขาก็จะได้รับด้วย อีกครั้ง เป็นไปได้ว่าคุณอาจไม่ได้รับสิทธิประโยชน์รายเดือนใดๆ คุณต้องเตรียมพร้อมทางการเงิน อีกครั้งหนึ่ง เราเสียใจสำหรับการสูญเสียของคุณ.

Memorandum 2

Office of Personnel Management (OPM)

Survivor Annuity

• OPM Survivor Annuity •

Dear Beneficiary,

1. Congratulations on your claim being approved for the Survivor Annuity!
2. The US government will pay you via Direct Deposit Service. You may use an account with a bank in the United States, or you may use International Direct Deposit to any bank in Thailand that has a SWIFT code. Unlike in the past in Thailand, you no longer need to open a special direct deposit account in order to receive International Direct Deposit (you can even have it deposited to your existing bank account if you so wish). (The US government no longer issues paper checks to beneficiaries born on or after May 1, 1921.)
3. Marital Surveys are mailed yearly to all annuitants currently receiving a survivor annuity benefit, to determine if remarriage has occurred prior to age 55. All Marital Surveys must be completed and returned. Benefits will be suspended for those annuitants who do not complete and return the survey. You will continue to receive a Marital Survey until you reach age 55.
4. If you have any questions, it's always best for you to contact OPM directly. OPM personnel want to speak with the annuitant (or appointed representative) – that's **YOU!** (If phoning, your helper can be on the phone call with you.)
5. **Important Note.** At all times it is a legal requirement and your personal responsibility to report to OPM immediately a change in your marital status, citizenship, and/or country of residence. **YOU** must also notify OPM without delay if you change your mailing and/or pay address, or direct deposit details. Also, when you receive correspondence from OPM, do not delay in taking action if OPM requires it. Most annuitants create their own problems by not checking their mail and/or responding to OPM's correspondence too slowly, or not at all.
6. Lastly, the Survivor Annuity is nontaxable to nonresident alien Thai citizens, but is taxable to US citizens and resident aliens.

• สำนักบริหารงานบุคคล (OPM) เงินงวดของผู้รอดชีวิต •

เรียน ผู้รับผลประโยชน์ประจำปี,

1. ขอแสดงความยินดีที่คำร้องของคุณได้รับการอนุมัติสำหรับเงินงวดของผู้รอดชีวิต.
2. รัฐบาลสหรัฐฯ จะจ่ายเงินให้คุณผ่านบริการฝากเงินโดยตรง คุณอาจใช้บัญชีกับธนาคารในสหรัฐอเมริกา หรือคุณอาจใช้การฝากเงินโดยตรงระหว่างประเทศ กับธนาคารใดก็ได้ในประเทศไทยที่มีรหัส SWIFT ซึ่งแตกต่างจากในอดีตในประเทศไทย ตอนนี้คุณไม่จำเป็นต้องเปิดบัญชีเงินฝากพิเศษโดยตรงอีกต่อไปเพื่อรับเงินฝากโดยตรงระหว่างประเทศ (คุณสามารถฝากเข้าบัญชีธนาคารที่มีอยู่ของคุณได้หากต้องการ) (รัฐบาลสหรัฐฯ ไม่ออกเช็คกระดาษให้กับผู้รับผลประโยชน์ที่เกิดในหรือหลังวันที่ 1 พฤษภาคม 2464).
3. แบบสำรวจการสมรสจะส่งทางไปรษณีย์ทุกปีไปยังผู้มีรายได้ประจำปีทุกคนที่ได้รับผลประโยชน์เงินรายปีของผู้รอดชีวิต เพื่อพิจารณาว่าการแต่งงานใหม่เกิดขึ้นก่อนอายุ 55 ปีหรือไม่ แบบสำรวจการสมรสทั้งหมดจะต้องเสร็จสิ้นและส่งกลับ สิทธิประโยชน์จะถูกระงับสำหรับผู้รับผลประโยชน์รายปีที่ไม่กรอกและส่งคืนแบบสำรวจ คุณจะได้รับการแจ้งเตือนแบบสำรวจก่อนจะอายุครบ 55 ปี.
4. หากคุณมีคำถามใดๆ คุณควรติดต่อ สำนักบริหารงานบุคคลโดยตรงเสมอ บุคลากรของสำนักบริหารงานบุคคล ต้องการพูดคุยกับผู้รับผลประโยชน์ (หรือตัวแทนที่ได้รับการแต่งตั้ง) – นั่นคือคุณ! (หากโทรศัพท์ ผู้ช่วยของคุณสามารถสนทนาทางโทรศัพท์พร้อมกันได้.)
5. หมายเหตุ. การรายงานตัวกับสำนักบริหารงานบุคคลเป็นข้อกำหนดทางกฎหมายและความรับผิดชอบส่วนบุคคลของคุณตลอดเวลาที่จะต้องรายงานต่อสำนักบริหารงานบุคคลทันทีเกี่ยวกับการเปลี่ยนแปลงสถานภาพการสมรส สัญชาติ และ/หรือประเทศที่คุณพำนักอาศัย คุณต้องแจ้งสำนักบริหารงานบุคคลโดยไม่ชักช้า หากคุณเปลี่ยนที่อยู่ทางไปรษณีย์และ/หรือที่อยู่สำหรับชำระเงิน หรือรายละเอียดการฝากโดยตรง นอกจากนี้ เมื่อคุณได้รับการติดต่อจากสำนักบริหารงานบุคคล อย่ารอช้าในการดำเนินการหากสำนักบริหารงานบุคคลต้องการ ผู้รับผลประโยชน์ส่วนใหญ่สร้างปัญหาของตนเองโดยการไม่ตรวจสอบอีเมลและ/หรือตอบกลับการติดต่อของสำนักบริหารงานบุคคลช้าเกินไปหรือไม่ตอบกลับเลย.
6. ประการสุดท้าย เงินงวดของผู้รอดชีวิต ไม่ต้องเสียภาษีสำหรับคนต่างด้าวชาวไทยที่ไม่มีถิ่นที่อยู่ในประเทศสหรัฐฯ แต่จะต้องเสียภาษีสำหรับพลเมืองสหรัฐฯ และคนต่างด้าวที่มีถิ่นพำนักในประเทศสหรัฐฯ.

Memorandum 3

Social Security Administration (SSA)

Survivor Insurance Benefits

• Social Security Administration (SSA) - Survivor •

Dear Beneficiary,

1. Congratulations on your claim being approved for Social Security benefits!
2. The US government will pay you via Direct Deposit Service. You may use an account with a bank in the United States, or you may use International Direct Deposit to any bank in Thailand that has a SWIFT code. Unlike in the past in Thailand, you no longer need to open a special direct deposit account in order to receive International Direct Deposit (you can even have it deposited to your existing bank account if you so wish). (The US government no longer issues paper checks to beneficiaries born on or after May 1, 1921.)
3. The Social Security Administration (SSA) periodically sends to beneficiaries residing outside of the United States Form SSA-7162 or SSA-7161 (as applicable). **Response Time:** Form SSA-7162/7161 instructs beneficiaries to respond within 60 days from the date of the request. Failure to complete and return this form within 60 days will result in suspension of benefits. Restarting your Social Security pay normally takes a **minimum** of three months, and **only** after Social Security receives from you a correctly completed Form SSA-7162/7161.
4. If you have any questions, it's always best for you to contact Social Security directly. Social Security wants to speak with the beneficiary (or appointed representative) – that's **YOU!** (If phoning, your helper can be on the phone call with you.)
5. **Important Note.** It is a legal requirement and your personal responsibility to report any changes to Social Security immediately such as a change in your marital status, citizenship, country of residence, employment, or; if Social Security benefits are based on a minor child under age 16 (or disabled), whether you and the child live apart since you last reported the child's living arrangements to Social Security. **YOU** must also notify Social Security without delay if you change your mailing and/or pay address, or direct deposit details. Also, when you receive correspondence from Social Security, do not delay in taking action if Social Security requires it. Most beneficiaries create their own problems by not checking their mail and/or responding to Social Security's correspondence too slowly, or not at all.
6. Lastly, Social Security benefits are **taxable** to nonresident alien Thai citizens. For a nonresident alien Thai citizen, Social Security benefits are taxed at an effective rate of 25.5% and the mandatory tax is nonrefundable. For a US citizen or resident alien, it's possible Social Security benefits are taxable if there is additional income. Lastly, there is no Thai-US Double Tax treaty protection for US Social Security benefits.

• สวัสดิการเงินประกันสังคม (SSA) •

เรียน ผู้ที่ได้รับสวัสดิการทั้งหลาย,

1. ขอแสดงความยินดีด้วย ที่คุณได้รับการอนุมัติเงินสวัสดิการจากหน่วยงานประกันสังคม!
2. รัฐบาลสหรัฐฯ จะจ่ายเงินให้คุณผ่านบริการฝากโดยตรง คุณอาจใช้บัญชีกับธนาคารในสหรัฐอเมริกา หรือคุณอาจใช้ เงินฝากโดยตรงระหว่างประเทศ กับธนาคารใดก็ได้ในประเทศไทยที่มีรหัส SWIFT ไม่เหมือนในอดีตในประเทศไทย คุณไม่จำเป็นต้องเปิดบัญชีเงินฝากพิเศษโดยตรงอีกต่อไปเพื่อรับเงินฝากโดยตรงระหว่างประเทศ (คุณสามารถฝากเข้าบัญชีธนาคารที่มีอยู่ของคุณได้หากต้องการ) (รัฐบาลสหรัฐฯ ไม่ออกเช็คกระดาษให้กับผู้รับผลประโยชน์ที่เกิดขึ้นหรือหลังวันที่ 1 พฤษภาคม 2464.)
3. สำนักงานประกันสังคม (SSA) จะส่งแบบฟอร์ม SSA-7162 หรือ SSA-7161 ให้แก่ผู้รับผลประโยชน์ที่อยู่นอกสหรัฐอเมริกาเป็นระยะๆ (ตามความเหมาะสม) เวลาตอบกลับ: แบบฟอร์ม SSA-7162/7161 ส่งให้ผู้รับประโยชน์ตอบกลับภายใน 60 วันนับจากวันที่ส่งคำขอ การไม่กรอกและส่งคืนแบบฟอร์มนี้ภายใน 60 วันจะส่งผลให้สิทธิประโยชน์ถูกระงับ โดยปกติแล้วการเริ่มจ่ายประกันสังคมใหม่จะใช้เวลาอย่างน้อยสามเดือน และหลังจากที่ประกันสังคมได้รับแบบฟอร์ม SSA-7162/7161 ที่กรอกอย่างถูกต้องจากคุณแล้วเท่านั้น.
4. หากคุณมีคำถามใด ๆ คุณควรติดต่อประกันสังคมโดยตรง ประกันสังคมต้องการพูดคุยกับผู้รับผลประโยชน์ (หรือตัวแทนที่ได้รับการแต่งตั้ง) – นั่นคือคุณ! (หากโทรศัพท์ ผู้ช่วยของคุณสามารถสนทนาทางโทรศัพท์กับคุณได้.)
5. **หมายเหตุ.** เป็นข้อกำหนดทางกฎหมายและความรับผิดชอบส่วนบุคคลของคุณในการรายงานการเปลี่ยนแปลงใด ๆ ต่อประกันสังคมทันที เช่น การเปลี่ยนแปลงสถานภาพการสมรส สัญชาติ ประเทศที่พำนัก การจ้างงาน หรือ; หากสิทธิประโยชน์ประกันสังคมขึ้นอยู่กับบุตรที่ยังไม่บรรลุนิติภาวะที่มีอายุต่ำกว่า 16 ปี (หรือพิการ) ไม่ว่าคุณและเด็กจะแยกกันอยู่หรือไม่ เนื่องจากคุณได้รายงานการจัดการที่อยู่อาศัยของเด็กไปยังประกันสังคมครั้งล่าสุด คุณต้องแจ้งประกันสังคมโดยไม่ชักช้า หากคุณเปลี่ยนที่อยู่ทางไปรษณีย์และ/หรือที่อยู่สำหรับชำระเงิน หรือรายละเอียดการฝากโดยตรง นอกจากนี้ เมื่อคุณได้รับการติดต่อจากประกันสังคม อัยการเข้าในการดำเนินการหากประกันสังคมต้องการ ผู้รับผลประโยชน์ส่วนใหญ่สร้างปัญหาของตนเองโดยการไม่ตรวจสอบอีเมลและ/หรือตอบกลับการติดต่อของประกันสังคมซ้ำเกินไปหรือไม่เลย.
6. ประการสุดท้าย สิทธิประโยชน์ประกันสังคมต้องเสียภาษีสำหรับบุคคลต่างด้าวสัญชาติไทยสำหรับคนต่างด้าวที่ไม่มีถิ่นพำนักในสัญชาติไทย สิทธิประโยชน์ประกันสังคมจะถูกหักภาษีในอัตรา 25.5% และภาษีบังคับไม่สามารถขอคืนได้ สำหรับพลเมืองสหรัฐฯ หรือคนต่างด้าวที่พำนักอาศัย ผลประโยชน์ประกันสังคมอาจต้องเสียภาษีหากมีรายได้เพิ่มเติม ประการสุดท้าย ไม่มีการคุ้มครองสนธิสัญญาภาษีซ้อนระหว่างไทยและสหรัฐอเมริกาสำหรับสิทธิประโยชน์ประกันสังคมของสหรัฐอเมริกา.

Memorandum 4

Department of Defense (DoD)

Survivor Benefit Plan (SBP)

• DoD Survivor Benefit Plan (SBP) •

Dear Beneficiary,

1. Congratulations on your claim being approved for the Survivor Benefit Plan!
2. The US government will pay you via Direct Deposit Service. You may use an account with a bank in the United States, or you may use International Direct Deposit to any bank in Thailand that has a SWIFT code. Unlike in the past in Thailand, you no longer need to open a special direct deposit account in order to receive International Direct Deposit (you can even have it deposited to your existing bank account if you so wish). (The US government no longer issues paper checks to beneficiaries born on or after May 1, 1921.)
3. Three months prior to your birthday each year, the Defense Finance and Accounting Service (DFAS) will mail to your correspondence address an annual SBP Certificate of Eligibility (COE) or Report of Existence (ROE). A COE (or ROE) is a short, easy to complete form that you must complete and return to DFAS within 60 days from the date of the request otherwise your SBP pay will be suspended until you submit it. Restarting SBP pay normally takes a **minimum** of two months, and **only** after DFAS receives from you a correctly completed COE (or ROE).
4. If for some reason you did not receive a COE/ROE from DFAS, and your birthday is quickly approaching, ask for help to help make sure your SBP pay is not suspended.
5. If you have any questions, it's always best for you to contact DFAS directly. DFAS personnel want to speak with the annuitant (or appointed representative) – that's **YOU!** (If phoning, your helper can be on the phone call with you.)
6. **Important Note.** At all times it is a legal requirement and your personal responsibility to report to DFAS immediately a change in your marital status, citizenship, and/or country of residence. **YOU** must also notify DFAS without delay if you change your mailing and/or pay address, or direct deposit details. Also, when you receive correspondence from DFAS, do not delay in taking action if DFAS requires it. Most annuitants create their own problems by not checking their mail and/or responding to DFAS's correspondence too slowly, or not at all.
7. Lastly, the Survivor Benefit Plan is nontaxable to nonresident alien Thai citizens, but is taxable to US citizens and resident aliens.

• กระทรวงกลาโหม แผนผลประโยชน์ของผู้รอดชีวิต (SBP) •

เรียน ผู้รับผลประโยชน์ประจำปี,

1. ขอแสดงความยินดีกับทุกท่าน การยื่นเรื่องขอรับเงินของท่านได้รับการพิจารณาจากกระทรวงกลาโหมประเทศสหรัฐอเมริกาแล้ว.
2. รัฐบาลสหรัฐฯ จะจ่ายเงินให้คุณผ่านบริการฝากโดยตรง คุณอาจใช้บัญชีกับธนาคารในสหรัฐอเมริกา หรือคุณอาจใช้ เงินฝากโดยตรงระหว่างประเทศ กับธนาคารใดก็ได้ในประเทศไทยที่มีรหัส SWIFT ไม่เหมือนในอดีตในประเทศไทย คุณไม่จำเป็นต้องเปิดบัญชีเงินฝากพิเศษโดยตรงอีกต่อไปเพื่อรับเงินฝากโดยตรงระหว่างประเทศ (คุณสามารถฝากเข้าบัญชีธนาคารที่มีอยู่ของคุณได้หากต้องการ) (รัฐบาลสหรัฐฯ ไม่ออกเช็คกระดาษให้กับผู้รับผลประโยชน์ที่เกิดในหรือหลังวันที่ 1 พฤษภาคม 2464.)
3. สามเดือนก่อนวันเกิดของคุณในแต่ละปี งานบริการการเงินและบัญชีกลาโหม (DFAS) จะส่งหนังสือรับรองการมีสิทธิ์ (COE) ประจำปีของแผนผลประโยชน์ของผู้รอดชีวิต หรือ รายงานการแสดงผล (ROE) ไปยังที่อยู่ติดต่อของคุณตามใบรับรองคุณสมบัติ (หรือ รายงานการมีชีวิตอยู่) เอกสารดังกล่าวเป็นแบบฟอร์มที่สั้นและกรอกข้อมูลง่าย ซึ่งคุณต้องกรอกข้อมูลและส่งกลับไปยัง บริการการเงินและบัญชีกลาโหม ภายใน 60 วันนับจากวันที่ยื่นคำขอ มิฉะนั้น การจ่ายเงิน แผนผลประโยชน์ของผู้รอดชีวิตของคุณจะถูกระงับจนกว่าคุณจะส่งเอกสารดังกล่าว โดยปกติแล้วการเริ่มจ่ายเงินตามแผนผลประโยชน์ของผู้รอดชีวิตอีกครั้งจะใช้เวลาอย่างน้อยสองเดือน และหลังจากงานบริการการเงินและบัญชีกลาโหมได้รับใบรับรองคุณสมบัติ (หรือ รายงานการมีชีวิตอยู่) ที่กรอกอย่างถูกต้องจากคุณแล้ว.
4. หากคุณไม่ได้รับ ใบรับรองคุณสมบัติ/รายงานการมีชีวิตอยู่จากงานบริการการเงินและบัญชีกลาโหมด้วยเหตุผลบางอย่าง ซึ่งใกล้วันเกิดของคุณ ให้ขอความช่วยเหลือเพื่อให้แน่ใจว่าการจ่ายเงินแผนผลประโยชน์ของผู้รอดชีวิตของคุณจะไม่ถูกระงับ.
5. หากคุณมีคำถามใดๆ คุณควรติดต่องานบริการการเงินและบัญชีกลาโหมโดยตรงเสมอ บุคลากรของงานบริการการเงินและบัญชีกลาโหม ต้องการพูดคุยกับผู้รับผลประโยชน์ (หรือตัวแทนที่ได้รับการแต่งตั้ง) – นั่นคือคุณ! (หากโทรศัพท์ ผู้ช่วยของคุณสามารถสนทนาทางโทรศัพท์พร้อมกับคุณได้.)
6. **หมายเหตุ.** การรายงานตัวเป็นข้อกำหนดทางกฎหมายและความรับผิดชอบส่วนตัวของคุณ ตลอดเวลาที่จะต้องรายงานต่องานบริการการเงินและบัญชีกลาโหมทันทีเกี่ยวกับการเปลี่ยนแปลง สถานภาพการสมรส สัญชาติ และ/หรือประเทศที่คุณพำนัก คุณต้องแจ้งงานบริการการเงินและบัญชีกลาโหม โดยไม่ชักช้า หากคุณเปลี่ยนที่อยู่ทางไปรษณีย์และ/หรือที่อยู่สำหรับชำระเงิน หรือรายละเอียดการฝากโดยตรง นอกจากนี้เมื่อคุณได้รับการติดต่อจากงานบริการการเงินและบัญชีกลาโหม อัยการขอเข้าในการดำเนินการหากงานบริการการเงินและบัญชีกลาโหม ต้องการ ผู้รับผลประโยชน์ส่วนใหญ่สร้างปัญหาของตนเองโดยการไม่ตรวจสอบอีเมลและ/หรือตอบกลับจดหมายโต้ตอบของงานบริการการเงินและบัญชีกลาโหมช้าเกินไปหรือไม่ตอบกลับเลย.
7. ประการสุดท้าย แผนผลประโยชน์ของผู้รอดชีวิตไม่ต้องเสียภาษีสำหรับบุคคลต่างด้าวชาวไทยที่ไม่มีถิ่นที่อยู่ แต่จะต้องเสียภาษีสำหรับพลเมืองสหรัฐและบุคคลต่างด้าวที่มีถิ่นพำนัก.

Memorandum 5

Department of Homeland Security (DHS)

United States Coast Guard (USCG)

Survivor Annuity

• USCG Survivor Annuity •

Dear Beneficiary,

1. Congratulations on your claim being approved for the US Coast Guard (USCG) Survivor Annuity!
2. The US government will pay you via Direct Deposit Service. You may use an account with a bank in the United States, or you may use International Direct Deposit to any bank in Thailand that has a SWIFT code. Unlike in the past in Thailand, you no longer need to open a special direct deposit account in order to receive International Direct Deposit (you can even have it deposited to your existing bank account if you so wish). (The US government no longer issues paper checks to beneficiaries born on or after May 1, 1921.)
3. Annuitants under age 55 are required to annually provide the US Coast Guard with Certification of Eligibility (COE) to continue receiving an annuity. The US Coast Guard will notify you of this requirement each year during the month of your birth, and you will be asked to complete, sign, and return a certification form.
4. If for some reason you did not receive a COE from the US Coast Guard, and your birthday is quickly approaching, ask for help to help make sure your survivor annuity pay is not suspended.
5. If you have any questions, it's always best for you to contact the US Coast Guard directly. US Coast Guard personnel want to speak with the annuitant (or appointed representative) – that's **YOU!** (If phoning, your helper can be on the phone call with you.)
6. **Important Note.** At all times it is a legal requirement and your personal responsibility to report to the US Coast Guard immediately a change in your marital status, citizenship, and/or country of residence. **YOU** must also notify the Coast Guard without delay if you change your mailing and/or pay address, or direct deposit details. Also, when you receive correspondence from the Coast Guard, do not delay in taking action if the Coast Guard requires it. Most annuitants create their own problems by not checking their mail and/or responding to the Coast Guard's correspondence too slowly, or not at all.
7. Lastly, the Survivor Annuity is nontaxable to nonresident alien Thai citizens, but is taxable to US citizens and resident aliens.

• หน่วยยามฝั่งสหรัฐ เงินงวดของผู้ยังมีชีวิตอยู่ •

เรียน ผู้รับผลประโยชน์ประจำปี,

1. ขอแสดงความยินดีกับทุกท่าน การยื่นเรื่องขอรับเงินของท่านได้รับการพิจารณาจากกระทรวงกลาโหมประเทศสหรัฐอเมริกาแล้ว.
2. รัฐบาลสหรัฐฯ จะจ่ายเงินให้คุณผ่านบริการฝากโดยตรง คุณอาจใช้บัญชีกับธนาคารในสหรัฐอเมริกา หรือคุณอาจใช้ เงินฝากโดยตรงระหว่างประเทศ กับธนาคารใดก็ได้ในประเทศไทยที่มีรหัส SWIFT ไม่เหมือนในอดีตในประเทศไทย คุณไม่จำเป็นต้องเปิดบัญชีเงินฝากพิเศษโดยตรงอีกต่อไปเพื่อรับเงินฝากโดยตรงระหว่างประเทศ (คุณสามารถฝากเข้าบัญชีธนาคารที่มีอยู่ของคุณได้หากต้องการ) (รัฐบาลสหรัฐฯ ไม่ออกเช็คกระดาษให้กับผู้รับผลประโยชน์ที่เกิดในหรือหลังวันที่ 1 พฤษภาคม 2464.)
3. ผู้รับเงินรายปีที่มีอายุต่ำกว่า 55 ปีจะต้องมอบใบรับรองคุณสมบัติ (COE) ให้กับหน่วยยามฝั่งสหรัฐเป็นประจำทุกปีเพื่อรับเงินรายปีต่อไป หน่วยยามฝั่งสหรัฐจะแจ้งให้คุณทราบเกี่ยวกับข้อกำหนดนี้ในแต่ละปีในช่วงเดือนที่คุณเกิด และคุณจะถูกขอให้กรอก เช่นชื่อ และส่งแบบฟอร์มการรับรองกลับคืน.
4. หากคุณไม่ได้รับ ใบรับรองคุณสมบัติ จาก หน่วยยามฝั่งสหรัฐ ด้วยเหตุผลบางประการ และวันเกิดของคุณใกล้เข้ามาอย่างรวดเร็ว ให้ขอความช่วยเหลือเพื่อให้แน่ใจว่าเงินรายปีของผู้รอดชีวิตของคุณจะไม่ถูกระงับ.
5. หากคุณมีคำถามใดๆ คุณควรติดต่อหน่วยยามฝั่งสหรัฐโดยตรง เจ้าหน้าที่หน่วยยามฝั่งสหรัฐต้องการพูดคุยกับผู้ได้รับผลประโยชน์ (หรือตัวแทนที่ได้รับการแต่งตั้ง) – นั่นคือคุณ! (หากโทรศัพท์ ผู้ช่วยของคุณสามารถสนทนาทางโทรศัพท์พร้อมกันได้.)
6. **หมายเหตุ.** การรายงานตัวเป็นข้อกำหนดทางกฎหมายและความรับผิดชอบส่วนตัวของคุณตลอดเวลาที่ต้องรายงานต่อหน่วยยามฝั่งสหรัฐทันทีเกี่ยวกับการเปลี่ยนแปลงสถานการณ์การสมรส สัญชาติ และ/หรือประเทศที่คุณพำนักอาศัย คุณต้องแจ้งให้หน่วยยามฝั่งทราบโดยไม่มีข้อสงสัย หากคุณเปลี่ยนที่อยู่สำหรับส่งไปรษณีย์และ/หรือที่อยู่สำหรับชำระเงิน หรือรายละเอียดการฝากเงินโดยตรง นอกจากนี้ เมื่อคุณได้รับการติดต่อจากหน่วยยามฝั่ง อย่ารอช้าในการดำเนินการหากหน่วยยามฝั่งต้องการ ผู้รับผลประโยชน์ส่วนใหญ่สร้างปัญหาของตนเองโดยการไม่ตรวจสอบจดหมายและ/หรือตอบกลับการติดต่อของหน่วยยามฝั่งช้าเกินไปหรือไม่ตอบกลับเลย.
7. ประการสุดท้าย เงินงวดของผู้ที่ยังมีชีวิตอยู่ ไม่ต้องเสียภาษีสำหรับคนต่างด้าวชาวไทยที่ไม่มีถิ่นที่อยู่ในประเทศสหรัฐฯ แต่จะต้องเสียภาษีสำหรับพลเมืองสหรัฐอเมริกาและคนต่างด้าวที่มีถิ่นพำนักในประเทศสหรัฐฯ.

Memorandum 6

Department of Veterans Affairs (VA)

Survivors Pension (SP)

• VA Survivors Pension (SP) •

Dear Beneficiary,

1. Congratulations on your claim being approved for the Department of Veterans Affairs (VA) Survivors Pension!
2. The US government will pay you via Direct Deposit Service. You may use an account with a bank in the United States, or you may use International Direct Deposit to any bank in Thailand that has a SWIFT code. Unlike in the past in Thailand, you no longer need to open a special direct deposit account in order to receive International Direct Deposit (you can even have it deposited to your existing bank account if you so wish). (The US government no longer issues paper checks to beneficiaries born on or after May 1, 1921.)
3. An individual who has applied for or receives pension must promptly notify VA of any change affecting entitlement in any of the following: (1) Income; (2) Net worth or corpus of estate; (3) Marital status; (4) Nursing home patient status; (5) School enrollment status of a child 18 years of age or older, or; (6) Any other factor that affects entitlement to pension benefits.
4. VA may require an Eligibility Verification Report (EVR) from any person who is an applicant for or a recipient of pension. (Note: There is no annual mailing schedule.)
5. If VA requires an EVR, you must accurately complete and return it to VA **before** the deadline. If you don't return the EVR on time, or it isn't filled out correctly, VA will suspend payments. Restarting payments normally takes a **minimum** of three months, and only after VA receives from you a correctly completed EVR.
6. If any questions, it's always best for you to contact VA directly. VA wants to speak with the beneficiary (or appointed representative) – that's **YOU!** (If phoning, your helper can be on the phone call with you.)
7. **Important Note**. At all times it is a legal requirement and your responsibility to report to VA immediately any changes in your marital status, country of residence, income, net worth, etc., since your last submitted EVR. **YOU** must also promptly notify VA if you change your mailing and/or pay address, or direct deposit details. Also, when you receive mail from VA, promptly act if VA requires it. Most beneficiaries create their own problems by not checking their mail and/or responding to VA's correspondence too slowly, or not at all.
8. Lastly, VA Survivors Pension is tax free for all beneficiaries.

• ฝ่ายบริหารทหารผ่านศึก (VA) เงินบำนาญของผู้รอดชีวิต (SP) •

เรียน ผู้ที่ได้รับสวัสดิการทั้งหลาย,

1. ขอแสดงความยินดีที่คำร้องของคุณได้รับการอนุมัติสำหรับ ฝ่ายบริหารทหารผ่านศึก (VA) เงินบำนาญของผู้รอดชีวิต!
2. รัฐบาลสหรัฐฯ จะจ่ายเงินให้คุณผ่านบริการฝากโดยตรง คุณอาจใช้บัญชีกับธนาคารในสหรัฐอเมริกา หรือคุณอาจใช้ เงินฝากโดยตรงระหว่างประเทศ กับธนาคารใดก็ได้ในประเทศไทยที่มีรหัส SWIFT ไม่เหมือนในอดีตในประเทศไทย คุณไม่จำเป็นต้องเปิดบัญชีเงินฝากพิเศษโดยตรงอีกต่อไปเพื่อรับเงินฝากโดยตรงระหว่างประเทศ (คุณสามารถฝากเข้าบัญชีธนาคารที่มีอยู่ของคุณได้ หากต้องการ) (รัฐบาลสหรัฐฯ ไม่ออกเช็คกระดาษให้กับผู้รับผลประโยชน์ที่เกิดในหรือหลังวันที่ 1 พฤษภาคม 2464.)
3. บุคคลที่ยื่นขอหรือรับเงินบำนาญต้องแจ้งให้ กรมกิจการทหารผ่านศึก ทราบโดยทันทีเกี่ยวกับการเปลี่ยนแปลงใด ๆ ที่ส่งผลต่อการให้สิทธิ์ในสิ่งต่อไปนี้: (1) รายได้; (2) มูลค่าสุทธิหรือทรัพย์สินของอสังหาริมทรัพย์ (3) สถานภาพการสมรส (4) สถานะผู้ป่วยในบ้านพักคนชรา (5) สถานภาพการเข้าเรียนของเด็กอายุ 18 ปีขึ้นไป หรือ; (6) ปัจจัยอื่นใดที่มีผลกระทบต่อสิทธิ์ในผลประโยชน์บำนาญ.
4. เวอร์จিনিยาอาจต้องการรายงานการตรวจสอบคุณสมบัติ (EVR) จากบุคคลที่เป็นผู้สมัครหรือผู้รับเงินบำนาญ (หมายเหตุ: ไม่มีกำหนดการส่งจดหมายประจำปี).
5. หาก กรมกิจการทหารผ่านศึก ต้องการ รายงานการตรวจสอบสิทธิ์ คุณต้องกรอกให้ถูกต้องและ ส่งคืนให้กับ กรมกิจการทหารผ่านศึก ก่อนกำหนด หาก你不ส่งคืน รายงานการตรวจสอบสิทธิ์ ตรงเวลาหรือไม่ได้กรอกอย่างถูกต้อง กรมกิจการทหารผ่านศึก จะระงับการชำระเงิน โดยปกติการเริ่มการชำระเงินใหม่จะใช้เวลาน้อยสามเดือน และหลังจากที่ กรมกิจการทหารผ่านศึก ได้รับ รายงานการตรวจสอบสิทธิ์ ที่เสร็จสมบูรณ์อย่างถูกต้องจากคุณแล้วเท่านั้น.
6. หากมีคำถามใดๆ คุณควรติดต่อ กรมกิจการทหารผ่านศึก โดยตรงเสมอ กรมกิจการทหารผ่านศึก ต้องการพูดคุยกับผู้รับผลประโยชน์ (หรือตัวแทนที่ได้รับการแต่งตั้ง) – นั่นคือคุณ! (หากโทรศัพท์ ผู้ช่วยของคุณสามารถสนทนาทางโทรศัพท์กับคุณได้.)
7. **หมายเหตุ.** ตลอดเวลา เป็นข้อกำหนดทางกฎหมายและความรับผิดชอบของคุณในการ รายงานต่อ กรมกิจการทหารผ่านศึก ในทันที การเปลี่ยนแปลงใด ๆ ในสถานะการสมรส ประเทศที่พำนัก รายได้ มูลค่าสุทธิของคุณ ฯลฯ นับตั้งแต่ รายงานการตรวจสอบสิทธิ์ ที่คุณส่งมาครั้งสุดท้าย คุณต้องแจ้งให้ กรมกิจการทหารผ่านศึก ทราบโดยทันที หากคุณเปลี่ยนที่อยู่ทางไปรษณีย์และ/หรือที่อยู่สำหรับชำระเงิน หรือรายละเอียดการฝากเงินโดยตรง นอกจากนี้ เมื่อคุณได้รับจดหมายจาก กรมกิจการทหารผ่านศึก ให้ดำเนินการทันทีหาก กรมกิจการทหารผ่านศึก ต้องการ ผู้รับผลประโยชน์ส่วนใหญ่สร้างปัญหาของตนเองโดยการไม่ตรวจสอบอีเมลและ/หรือตอบกลับการติดต่อของ กรมกิจการทหารผ่านศึก เข้าเกินไปหรือไม่เลย.
8. สุดท้าย ฝ่ายบริหารทหารผ่านศึก เงินบำนาญของผู้รอดชีวิต ปลอดภัยสำหรับผู้รับผลประโยชน์ทุกคน.

Memorandum 7

Department of Veterans Affairs (VA)

Dependency and Indemnity Compensation (DIC)

• VA Dependency & Indemnity Compensation (DIC) •

Dear Beneficiary,

1. Congratulations on your claim being approved for the Department of Veterans Affairs (VA) Dependency & Indemnity Compensation (DIC)!
2. The US government will pay you via Direct Deposit Service. You may use an account with a bank in the United States, or you may use International Direct Deposit to any bank in Thailand that has a SWIFT code. Unlike in the past in Thailand, you no longer need to open a special direct deposit account in order to receive International Direct Deposit (you can even have it deposited to your existing bank account if you so wish). (The US government no longer issues paper checks to beneficiaries born on or after May 1, 1921.)
3. As part of the benefits audit process, VA will occasionally send to DIC recipients VA Form 21-0537 (Marital Status Questionnaire) or VA Form 21-0538 (Mandatory Verification of Dependents). Presently, the form is sent to a DIC recipient approximately once every eight years (can be sooner--no set schedule). **Response Time:** Beneficiaries must respond within 60 days from the date of the request. If you do not return the form within 60 days, or it is not filled out correctly, VA will suspend your pay starting with the next pay period. Restarting VA DIC pay typically takes a **minimum** of six months, and only after VA receives from you a correctly completed VA Form 21-0537/0538. The top reason for pay stoppage is not returning the form on time.
4. If any questions, it's always best for you to contact VA directly. VA wants to speak with the beneficiary (or appointed representative) – that's **YOU!** (If phoning, your helper can be on the phone call with you.)
5. **Important Note.** At all times it is a legal requirement and your personal responsibility to report to VA immediately if you remarry and/or change your country of residence. **YOU** must also notify VA without delay if you change your mailing and/or pay address, or direct deposit details. Also, when you receive correspondence from VA, do not delay in taking action if VA requires it. Most beneficiaries create their own problems by not checking their mail and/or responding to VA's correspondence too slowly, or not at all.
6. Lastly, VA Dependency and Indemnity Compensation (DIC) is tax free for all beneficiaries.

• ฝ่ายบริหารทหารผ่านศึก (VA) เงินชดเชยผู้อยู่ในความอุปถัมภ์ & การชดใช้ค่าเสียหาย (DIC) •

เรียน ผู้ที่ได้รับสวัสดิการทั้งหลาย,

1. ขอแสดงความยินดีกับทุกท่าน การยื่นเรื่องขอรับเงินของท่านได้รับการพิจารณาจากกระทรวงกลาโหมประเทศสหรัฐอเมริกาแล้ว.
2. รัฐบาลสหรัฐฯ จะจ่ายเงินให้คุณผ่านบริการฝากโดยตรง คุณอาจใช้บัญชีกับธนาคารในสหรัฐอเมริกา หรือคุณอาจใช้ เงินฝากโดยตรงระหว่างประเทศ กับธนาคารใดก็ได้ในประเทศไทยที่มีรหัส SWIFT ไม่เหมือนในอดีตในประเทศไทย คุณไม่จำเป็นต้องเปิดบัญชีเงินฝากพิเศษโดยตรงอีกต่อไปเพื่อรับเงินฝากโดยตรงระหว่างประเทศ (คุณสามารถฝากเข้าบัญชีธนาคารที่มีอยู่ของคุณได้หากต้องการ) (รัฐบาลสหรัฐฯ ไม่ออกเช็คกระดาษให้กับผู้รับผลประโยชน์ที่เกิดขึ้นหรือหลังวันที่ 1 พฤษภาคม 2464.)
3. ในฐานะที่เป็นส่วนหนึ่งของกระบวนการตรวจสอบผลประโยชน์ กรมกิจการทหารผ่านศึก จะส่งแบบฟอร์ม VA 21-0537 (แบบสอบถามสถานภาพการสมรส) หรือแบบฟอร์ม VA 21-0538 (การตรวจสอบผู้อยู่ในอุปการะ) ให้กับผู้รับเงินชดเชยผู้อยู่ในความอุปถัมภ์&การชดใช้ค่าเสียหายเป็นครั้งคราว ปัจจุบัน แบบฟอร์มจะถูกส่งไปยังผู้รับเงินชดเชยผู้อยู่ในความอุปถัมภ์&การชดใช้ค่าเสียหายประมาณหนึ่งครั้งทุกๆ แปดปี (อาจเร็วกว่านี้ได้ - ไม่มีกำหนดการแน่นอน) เวลาตอบสนอง: ผู้รับผลประโยชน์ต้องตอบกลับภายใน 60 วันนับจากวันที่ร้องขอ หาก你不ส่งคืนแบบฟอร์มภายใน 60 วัน หรือกรอกไม่ถูกต้อง กรมกิจการทหารผ่านศึก จะระงับการจ่ายเงินของคุณโดยเริ่มตั้งแต่งวดการจ่ายเงินถัดไป โดยทั่วไปแล้วการเริ่มจ่ายเงินชดเชยผู้อยู่ในความอุปถัมภ์&การชดใช้ค่าเสียหายอีกครั้งจะใช้เวลาอย่างน้อยหกเดือน และหลังจากที่กรมกิจการทหารผ่านศึก ได้รับแบบฟอร์ม VA 21-0537/0538 ที่กรอกอย่างถูกต้องจากคุณแล้วเท่านั้น เหตุผลหลักสำหรับการหยุดการจ่ายเงินคือการไม่ส่งคืนแบบฟอร์มตรงเวลา.
4. หากมีคำถามใดๆ คุณควรติดต่อ กรมกิจการทหารผ่านศึก โดยตรงเสมอ กรมกิจการทหารผ่านศึก ต้องการพูดคุยกับผู้รับผลประโยชน์ (หรือตัวแทนที่ได้รับการแต่งตั้ง) - นั่นคือคุณ! (หากโทรศัพท์ ผู้ช่วยของคุณสามารถสนทนาทางโทรศัพท์กับคุณได้.)
5. **หมายเหตุ.** การรายงานตัวเป็นข้อกำหนดทางกฎหมายและความรับผิดชอบส่วนตัวของคุณเสมอที่จะต้องรายงานต่อกรมกิจการทหารผ่านศึกทันที หากคุณแต่งงานใหม่และ/หรือเปลี่ยนประเทศที่อยู่อาศัยคุณต้องแจ้งให้ กรมกิจการทหารผ่านศึกทราบโดยไม่ชักช้า หากคุณเปลี่ยนที่อยู่ทางไปรษณีย์และ/หรือที่อยู่สำหรับชำระเงิน หรือรายละเอียดการฝากเงินโดยตรง นอกจากนี้ เมื่อคุณได้รับการติดต่อจากกรมกิจการทหารผ่านศึก อัยการเข้าในการดำเนินการหากกรมกิจการทหารผ่านศึกกำหนดให้ดำเนินการ ผู้รับผลประโยชน์ส่วนใหญ่สร้างปัญหาของตนเองโดยการไม่ตรวจสอบจดหมายและ/หรือตอบกลับการติดต่อของกรมกิจการทหารผ่านศึก เข้าเกินไปหรือไม่ตอบกลับเลย.
6. สุดท้าย การพึ่งพา ฝ่ายบริหารทหารผ่านศึก การพึ่งพา & การชดใช้ค่าเสียหาย ค่าตอบแทน (DIC) นั้นไม่ต้องเสียภาษีสำหรับผู้รับผลประโยชน์ทั้งหมด.

Memorandum 8

Veterans Service Organization (VSO)

Disabled American Veterans (DAV)

**• Veterans Service Organization (VSO) •
(Disabled American Veterans (DAV))**

Dear Survivor,

1. While assisting survivors with Department of Veterans Affairs (VA) benefits, helpers sometimes need to ask the Disabled American Veterans (DAV) to provide additional help.
2. The DAV is a Veterans Service Organization (VSO) that provides assistance at no cost to a survivor. The DAV office that assists survivors in Thailand is located in the same building with the VA Philadelphia Pension Management Center. Since the DAV is located in the same building, answering questions and resolving survivor's benefits issues is usually easier and faster, therefore, it's recommended you appoint the DAV as your "Claimant Representative". Once again, DAV assistance is free and you are no obligation to request their assistance.
3. To appoint the DAV (or other VSO) as your claimant representative, complete [VA Form 21-22](#) (Appointment of Veterans Service Organization as Claimant's Representative).
4. To authorize VA and DAV to share information about your case with your helper, your family members, friends, etc., please also complete [VA Form 21-0845](#) (Authorization to Disclose Personal Information to a Third Party). Mail both forms to:

Disabled American Veterans
National Service Office
5000 Wissahickon Ave.
Philadelphia, PA 19144

Telephone: 1-215-381-3065
Fax: Not Published (if needed, request it)
Email: dav.vbaphi@va.gov
Hours: M-T-Th-F, 8:00 a.m. - 3:00 p.m. & W, 8:00-11:00 a.m. (ET)

5. As a privacy protection measure, only **YOU** can request action from VA on your case, such as submitting evidence to support your claim, resolve a pay problem, change your mailing/pay addresses, update direct deposit information, etc. You may also ask the US Embassy/Consulate to help you to report to VA a pay problem, address change, and/or update your bank information. Lastly, you may revoke or change at any time the claimant representative appointment and/or authorization(s) to disclose information.
6. **Important Note.** At all times it is a legal requirement and your personal responsibility to report to VA immediately if you remarry and when your case facts change specific to the VA benefit you've claimed. **YOU** must also notify the VA without delay if you change your mailing and/or pay address, or direct deposit details. Also, when you receive correspondence from VA, do not delay in taking action if VA requires it. Most beneficiaries create their own problems by not checking their mail and/or responding to the VA's correspondence too slowly, or not at all.

• **องค์การบริหารทหารผ่านศึก (VSO) •**
(ทหารผ่านศึกอเมริกันพิการ (DAV))

ถึง ผู้รอดชีวิต,

1. ในขณะที่ช่วยเหลือผู้รอดชีวิตด้วยผลประโยชน์ของ ฝ่ายบริหารทหารผ่านศึก (VA) บางครั้งผู้ช่วยเหลือจำเป็นต้องขอให้ ทหารผ่านศึกอเมริกันพิการ (DAV) ให้ความช่วยเหลือเพิ่มเติม.
2. ทหารผ่านศึกอเมริกันพิการ เป็นองค์การบริหารทหารผ่านศึก (VSO) ที่ให้ความช่วยเหลือแก่ผู้รอดชีวิตโดยไม่มีค่าใช้จ่าย สำนักงาน ทหารผ่านศึกอเมริกันพิการ ที่ช่วยเหลือผู้รอดชีวิตในประเทศไทยตั้งอยู่ในอาคารเดียวกันกับศูนย์บริหารจัดการบ้านาญพิลาเดลเฟียของรัฐเวอร์จิเนีย เนื่องจาก ทหารผ่านศึกอเมริกันพิการตั้งอยู่ในอาคารเดียวกัน การตอบคำถามและแก้ไขปัญหาผลประโยชน์ของผู้รอดชีวิตจึงทำได้ง่ายและเร็วกว่า ดังนั้น ขอแนะนำให้คุณแต่งตั้ง ทหารผ่านศึกอเมริกันพิการ เป็น "ตัวแทนผู้เรียกร้อง" อีกครั้ง ความช่วยเหลือจาก ทหารผ่านศึกอเมริกันพิการ นั้นฟรี และคุณไม่จำเป็นต้องขอความช่วยเหลือจากพวกเขา.
3. ในการแต่งตั้ง ทหารผ่านศึกอเมริกันพิการ (หรือ องค์การบริหารทหารผ่านศึก อื่น ๆ) เป็นตัวแทนผู้อ้างสิทธิ์ของคุณ ให้กรอกแบบฟอร์ม [VAF 21-22](#) (การแต่งตั้งองค์การบริหารทหารผ่านศึกในฐานะตัวแทนของผู้เรียกร้อง).
4. ในการอนุญาตให้ ฝ่ายบริหารทหารผ่านศึก และ ทหารผ่านศึกอเมริกันพิการ แบ่งปันข้อมูลเกี่ยวกับกรณีของคุณกับผู้ช่วย สมาชิกในครอบครัว เพื่อน ฯลฯ โปรดกรอกแบบฟอร์ม VA 21-0845 (การให้สิทธิในการเปิดเผยข้อมูลส่วนบุคคลแก่บุคคลที่สาม) ส่งแบบฟอร์มทั้งสองไปที่ :

Disabled American Veterans
National Service Office
5000 Wissahickon Ave.
Philadelphia, PA 19144

โทร. : 1-215-381-3065
แฟกซ์: ไม่เผยแพร่ (หากจำเป็น ขอได้)
อีเมลล์: dav.vbaphi@va.gov
เวลาทำการ : จันทร์ อังคาร พุธ ศุกร์ 8.00am - 3.00pm (ET)
พุธ 8.00am - 11.00am (ET)

5. ตามมาตรการคุ้มครองความเป็นส่วนตัว มีเพียงคุณเท่านั้นที่สามารถร้องขอการดำเนินการจาก ฝ่ายบริหารทหารผ่านศึก ในกรณีของคุณ เช่น การส่งหลักฐานเพื่อสนับสนุนการเรียกร้องของคุณ แก้ไขปัญหา การจ่ายเงิน เปลี่ยนที่อยู่ทางไปรษณีย์/การชำระหนี้ของคุณ อัปเดตข้อมูลเงินฝากโดยตรง ฯลฯ นอกจากนี้ คุณยังอาจขอให้ สถานทูต/สถานกงสุลสหรัฐฯ เพื่อช่วยคุณรายงานปัญหาการจ่ายเงิน การเปลี่ยนแปลงที่อยู่ และ/หรืออัปเดตข้อมูลธนาคารของคุณต่อ ฝ่ายบริหารทหารผ่านศึก สุดท้าย คุณสามารถเพิกถอนหรือเปลี่ยนแปลงการแต่งตั้งตัวแทนผู้อ้างสิทธิ์และ/หรือการอนุญาตในการเปิดเผยข้อมูลได้ทุกเมื่อ.

6. **โน้ตสำคัญ.** เป็นข้อกำหนดทางกฎหมายและความรับผิดชอบส่วนบุคคลของคุณเสมอที่จะต้องรายงานต่อฝ่ายบริหารทหารผ่านศึก ทันที หากคุณแต่งงานใหม่ และเมื่อข้อเท็จจริงกรณีของคุณเปลี่ยนไปโดยเฉพาะกับผลประโยชน์ของ ฝ่ายบริหารทหารผ่านศึก ที่คุณอ้างสิทธิ์ คุณต้องแจ้งให้ ฝ่ายบริหารทหารผ่านศึก ทราบโดยไม่ชักช้า หากคุณเปลี่ยนที่อยู่ทางไปรษณีย์และ/หรือที่อยู่สำหรับชำระหนี้ หรือรายละเอียดการฝากเงินโดยตรง นอกจากนี้ เมื่อคุณได้รับการติดต่อจาก ฝ่ายบริหารทหารผ่านศึก อัยการเข้าในการดำเนินการหากฝ่ายบริหารทหารผ่านศึก ต้องการ ผู้รับผลประโยชน์ส่วนใหญ่สร้างปัญหาของตนเองโดยการไม่ตรวจสอบจดหมายและ/หรือตอบกลับการติดต่อของ ฝ่ายบริหารทหารผ่านศึก ช้าเกินไปหรือไม่เลย.



~ Pay It Forward ~