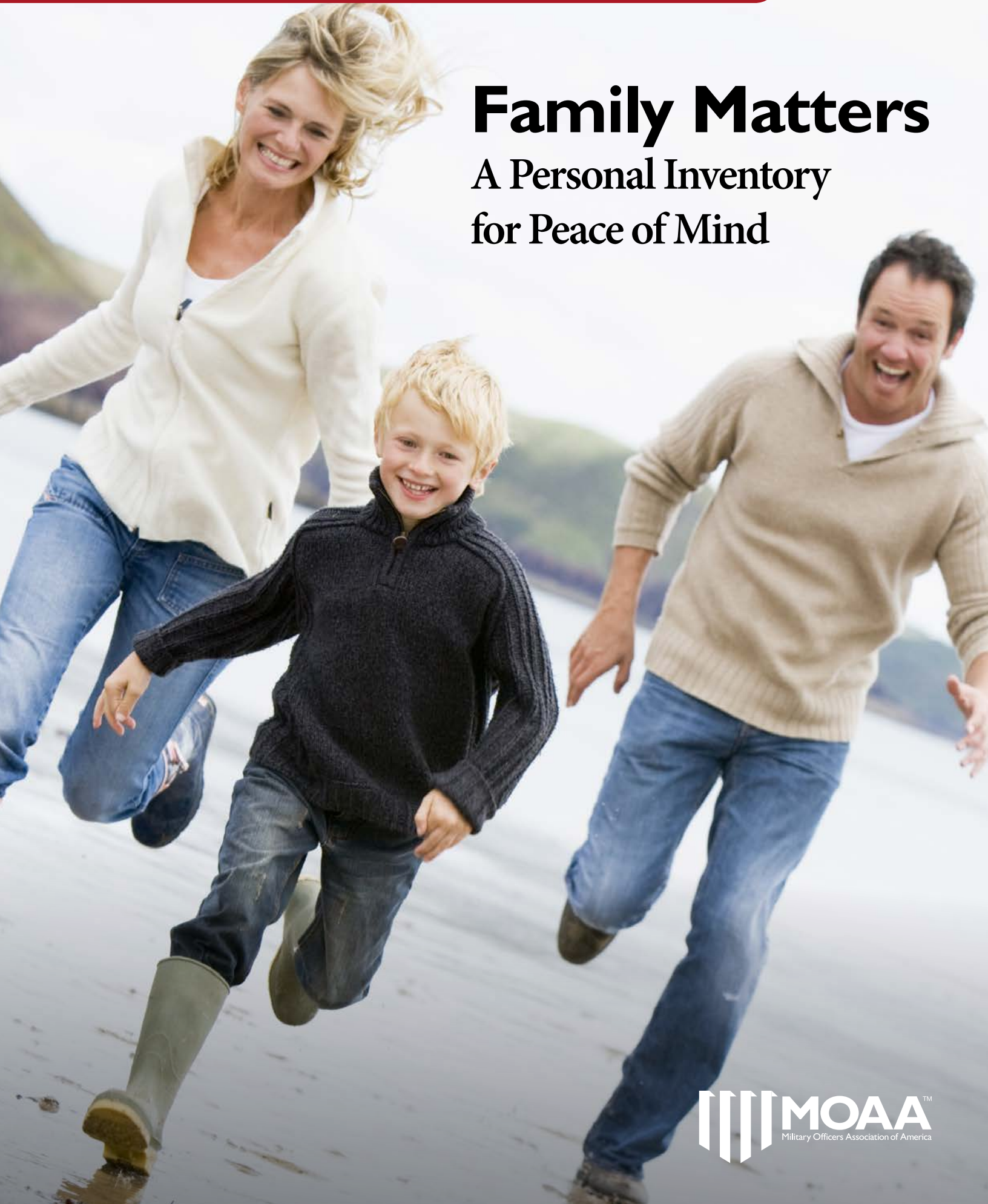


# Family Matters

## A Personal Inventory for Peace of Mind



## **Family Matters: A Personal Inventory for Peace of Mind**

MOAA has created this workbook to assist you and your family in gathering crucial information — from investments to legal documents, insurance policies, and more. We hope you find this workbook valuable. For additional information, email [beninfo@moaa.org](mailto:beninfo@moaa.org), call MOAA's Member Service Center at (800) 234-MOAA (6622), or search the MOAA website at [www.moaa.org](http://www.moaa.org).

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The information contained in this publication is intended for personal use by individuals who serve or who have served in the U.S. military and is not meant to substitute for legal or professional services. The regulations covering the entitlements discussed herein are constantly amended — the information within is current as of December 2016.

**Use a pencil for information that might require frequent updates, or download a digital copy to update on your computer.**



# Introduction

**“THE BIGGEST MISTAKE REGARDING RECORD-KEEPING IS NOT WRITING THINGS DOWN OR NOT REMEMBERING WHERE YOU WROTE IT DOWN.”**

— *David Mellum, the National Association of Tax Practitioners*

Life often takes unexpected turns. This inventory should become an appreciated and valuable resource for you and your loved ones if assistance regarding personal information becomes necessary. Completing this document not only will benefit your family but also you, as it should instill more peace of mind that you are prepared for life's changes.

This inventory offers you an opportunity to organize crucial information in one compact list, readily accessible at home. Use this workbook to get a handle on essential data, from basic contact information to investments, legal documents, schools, insurance policies, and much more. This publication also takes personal planning a step further by allowing you to organize data regarding your family.

Organizing — and periodically updating — pertinent data in an all-in-one, easy-to-access workbook ensures you'll have all sorts of important information at your fingertips. Once you've completed this workbook, keep its contents in a safe place. Consider using a fireproof safe and keeping copies in secure places outside your home. Write with a pencil in sections that are sure to need frequent updates.



Contact MOAA  
about benefits and  
financial information.

- Email [beninfo@moaa.org](mailto:beninfo@moaa.org).
- Visit the MOAA website at [www.moaa.org/benefitsinfo](http://www.moaa.org/benefitsinfo).
- Call the MOAA Member Service Center at (800) 234-MOAA (6622).
- Mail MOAA  
Transition Center  
Benefits and Financial Education  
201 N. Washington St.  
Alexandria, VA 22314

**Don't include in passwords personal information such as birth dates, names of pets, or similar information.**



# Chapter 1

## Personal Data Security

Digital electronics have come a long way in a short period of time. In an age when the majority of Americans are connected digitally and wish to accomplish more tasks with the tap of a finger, great advancements are being made to help us achieve our goals more effectively and efficiently. We now have the ability to complete banking transactions, manage investments, turn water and lights on and off in our houses, and manage our military pay and benefits anywhere in the world via digital devices. Maintaining secure access to personal online data can be a burden, so it's helpful to keep your usernames, passwords, and accounts organized.

### THE IMPORTANCE OF PASSWORD MANAGEMENT

Establishing and keeping track of strong, effective passwords is an essential, though sometimes daunting, piece of the puzzle. With great technological advancements comes the risk of cyber criminals targeting us when we leave ourselves vulnerable online. Banking continues to move toward entirely electronic services, and most organizations and associations promote online access to information and benefits. If you wish to keep your information private and secure online, you will need a strong password.

The passwords you use should not be easy to determine or include personal information such as birth dates, license numbers, Social Security numbers, names of pets, or similar information. It also is recommended you do not use full names or full words as part of your password, as these items can be easier to hack. Using combinations of capital letters, numbers, and symbols strengthens your

security. One option is to use mnemonic phrases that are easy to remember. For example, the phrase "I served two tours in Vietnam!" becomes Is2tiV! by using a single character for each word.

In the event of a loved one's death, it is important to tie up any loose ends by closing the appropriate online accounts. This prevents the information from being accessed in the future by anyone other than system administrators. Typically, accounts with organizations, associations, or social media sites can be discontinued by logging in; going to the "my account," "preferences," or "settings" pages; and locating the appropriate link to cancel. Online bank accounts and sites with more sensitive personal information are best dealt with by contacting the entity to which the deceased belonged. Use this workbook to make sure the most important accounts are handled appropriately.

### WHERE TO STORE THIS BOOK

Your most valuable information is included here, so be sure to keep this workbook in a safe place. A fireproof box or safe would be most appropriate and ensures this information is protected from harmful accidents and people who should not see it. If you download the workbook and fill it out electronically, save a copy to your hard drive. Of course, it is important to let your close relatives and/or lawyer know of the workbook's location, as the purpose is to have such information readily accessible at times when you are unable to provide it. Treat this workbook like you treat your other important documents, such as your Social Security card, birth certificate, or passport. Protecting this information is critical to protecting you and your loved ones.

# Chapter 2

## Record-keeping

### SELF

---

Full name

---

Rank and service

---

Social Security number

---

Date of birth

---

Driver's license state, number, and expiration date

---

Military ID expiration date

---

Employer point of contact and phone number

---

Current address

---

Date and state of marriage

---

State of residence and home of record (if applicable)

### PREVIOUS MARRIAGES (IF ANY)

---

To whom

---

Date and place

---

How it ended and place

### SPOUSE

---

Full name

---

Rank and service

---

Social Security number

---

Date of birth

---

Driver's license state, number, and expiration date

---

Military ID expiration date

---

Employer point of contact and phone number

---

Current address

---

Date and state of marriage

---

State of residence and home of record (if applicable)

---

To whom

---

Date and place

---

How it ended and place



## CHILDREN EDUCATION: CHILD I

---

Full name

---

Date of birth

---

Address

---

Military ID number

---

Social Security number

---

Place of birth

---

Primary care provider

---

Phone number

---

Special considerations and allergies

---

School name

---

Years attended

---

Contact information

---

School name

---

Years attended

---

Contact information

---

School name

---

Years attended

---

Contact information

---

School name

---

Years attended

---

Contact information

Custodian of child in the event of the death or incapacitation of one or of both parents: *(Make sure this designation is reflected in a legal will; merely listing the name here is not legally binding.)*

---

Name

---

Address

---

Contact information

---

Document location

## CHILDREN EDUCATION: CHILD 2

---

Full name

---

Date of birth

---

Address

---

Military ID number

---

Social Security number

---

Place of birth

---

Primary care provider

---

Phone number

---

Special considerations and allergies

---

School name

---

Years attended

---

Contact information

---

School name

---

Years attended

---

Contact information

---

School name

---

Years attended

---

Contact information

---

School name

---

Years attended

---

Contact information

Custodian of child in the event of the death or incapacitation of one or of both parents: *(Make sure this designation is reflected in a legal will; merely listing the name here is not legally binding.)*

---

Name

---

Address

---

Contact information

---

Document location

## CHILDREN EDUCATION: CHILD 3

---

Full name

---

Date of birth

---

Address

---

Military ID number

---

Social Security number

---

Place of birth

---

Primary care provider

---

Phone number

---

Special considerations and allergies

---

School name

---

Years attended

---

Contact information

---

School name

---

Years attended

---

Contact information

---

School name

---

Years attended

---

Contact information

---

School name

---

Years attended

---

Contact information

Custodian of child in the event of the death or incapacitation of one or of both parents: *(Make sure this designation is reflected in a legal will; merely listing the name here is not legally binding.)*

---

Name

---

Address

---

Contact information

---

Document location

## CHILDREN EDUCATION: CHILD 4

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Military ID number

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Place of birth

\_\_\_\_\_  
Primary care provider

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Special considerations and allergies

\_\_\_\_\_  
School name

\_\_\_\_\_  
Years attended

\_\_\_\_\_  
Contact information

\_\_\_\_\_  
School name

\_\_\_\_\_  
Years attended

\_\_\_\_\_  
Contact information

\_\_\_\_\_  
School name

\_\_\_\_\_  
Years attended

\_\_\_\_\_  
Contact information

\_\_\_\_\_  
School name

\_\_\_\_\_  
Years attended

\_\_\_\_\_  
Contact information

Custodian of child in the event of the death or incapacitation of one or of both parents: *(Make sure this designation is reflected in a legal will; merely listing the name here is not legally binding.)*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact information

\_\_\_\_\_  
Document location

**ADULT CHILDREN AND OTHER RELATIVES** (Download more copies at [www.moaa.org/publications](http://www.moaa.org/publications).)

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Place of birth

\_\_\_\_\_  
School/employer

\_\_\_\_\_  
Contact number

\_\_\_\_\_  
Current address (if applicable)

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Place of birth

\_\_\_\_\_  
School/employer

\_\_\_\_\_  
Contact number

\_\_\_\_\_  
Current address (if applicable)

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Place of birth

\_\_\_\_\_  
School/employer

\_\_\_\_\_  
Contact number

\_\_\_\_\_  
Current address (if applicable)

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Place of birth

\_\_\_\_\_  
School/employer

\_\_\_\_\_  
Contact number

\_\_\_\_\_  
Current address (if applicable)

## MEDICAL

---

Military treatment facility and phone number

---

Web address

---

Username/login

---

Password

---

Primary care provider and phone number

---

Web address

---

Username/login

---

Password

---

TRICARE phone number (if applicable)

---

Web address

---

Username/login

---

Password

---

Other primary care provider and phone number

---

Family dentist and phone number

---

Eye doctor and phone number

---

Other doctor and phone number

---

VA hospital and phone number (if applicable)



## PHARMACIES

---

Military pharmacy phone number

---

Web address

---

Username/login

---

Password

---

Local pharmacy phone number

---

Web address

---

Username/login

---

Password

---

Mail-order pharmacy phone number

---

Web address

---

Username/login

---

Password

## EDUCATION

### SELF

---

Institution(s) attended

---

Institution(s) attended

---

Year(s)

---

Degree(s) conferred

## EMPLOYMENT

### SELF

---

Employer

---

Address

---

Point of contact name and contact information

---

Title

---

Phone number

---

Email address

---

Human resources department contact information (if active duty, ombudsman or family readiness group contact information)

## MEMBERSHIP IN ASSOCIATIONS OR CLUBS

---

Name of association or club

---

Membership number

---

Name of association or club

---

Membership number

### SPOUSE

---

Institution(s) attended

---

Institution(s) attended

---

Year(s)

---

Degree(s) conferred

### SPOUSE

---

Employer

---

Address

---

Point of contact name and contact information

---

Title

---

Phone number

---

Email address

---

Human resources department contact information (if active duty, ombudsman or family readiness group contact information)

---

Contact information

---

Member since

---

Contact information

---

Member since



## FAMILY RECORDS AND LOCATIONS

If you haven't already established a storage location for each of these important documents, now is a good time to do so, whether in a fireproof box or safe, a safe deposit box, or some other secure location.

## SOCIAL SECURITY

Social Security benefits are described in-depth at [www.ssa.gov](http://www.ssa.gov). If you have questions about a specific situation, you can visit a local office. Find one by going to [www.ssa.gov](http://www.ssa.gov), clicking "Contact Us" from the menu at the top of the page, selecting "Find an Office," and entering your ZIP code.

---

Local Social Security Administration office

---

Contact information

---

Location of Social Security cards

---

Current monthly benefit (self)

---

Current monthly benefit (spouse)

## MILITARY SERVICE RECORDS

The National Archives and Records Administration's National Personnel Records Center/Military Personnel Records Center holds records for those who've served in the Army, Marine Corps, Navy, Air Force, and Coast Guard. Call (866) 272-6272 for general information or to make or check on a request. You also can visit the website at [www.archives.gov/st-louis/military-personnel/index.html](http://www.archives.gov/st-louis/military-personnel/index.html).

List where you store service-related paperwork, DD Form 214, DD Form 215, individual performance evaluations, awards and decorations, and other service-related files.

---

Military branch

---

Date entered service

---

Date of retirement

---

Location of DD Form 214/215 and other records

## MILITARY PAY AND SBP

The Defense Finance and Accounting Service (DFAS) provides payment for military pay and the Survivor Benefit Plan (SBP). To learn more, visit [www.dfas.mil](http://www.dfas.mil) or call a DFAS customer service representative at (888) 332-7411 (select option 1 for retired military and annuitants). Access military pay statements at <https://mypay.dfas.mil/mypay.aspx>.

---

Monthly retired pay

---

SBP survivor's annuity

---

Monthly VA pay

---

My Pay Statement login/email address

---

SBP base amount

---

Password

Note: DFAS passwords expire every 150 days, and users will receive a reminder email 10 days prior to password expiration. Answers to security questions might be required to reset your password online.

## VA INFORMATION (WWW.VA.GOV)

---

Local veterans' service organization

---

Contact name

---

Phone number

---

Address

---

Location of VA records

---

Disability

---

VA claim number

---

Beneficiary

---

Disability award date

---

Current monthly benefit

---

VA GI bill benefit

---

Post-9/11 GI Bill benefit transferred

---

VA eBenefits username/login

---

Password



Access the eBenefits homepage at  
[www.ebenefits.va.gov](http://www.ebenefits.va.gov).

Any servicemember who is eligible for the Post-9/11 GI Bill, and while in the military services (active or Selected Reserves), NOAA Corps, or Public Health Service, may also be eligible to transfer all or some of this education benefit to their spouse and/or dependent children by agreeing to serve four additional years.

The option to transfer is open to the spouses of eligible servicemembers who have at least six years of service and/or to the children of eligible servicemembers with at least 10 years of service after agreeing to four additional years of service from the date of the election of transfer.

Retirement or end-of-service obligation dates do not preclude the four additional years of service obligation, however, you are exempted from committing to four additional years if forced out by standard policy or statute *if* you transfer the education benefit before the force-out decision. Transfer elections are not accepted after separation or after receiving separation orders.

# ADDITIONAL DOCUMENTS OF IMPORTANCE

List where you keep the following, as applicable:

Birth certificates of each family member

Medical and immunization records

Passport (record passport number, if desired)

Adoption papers

Naturalization papers

Divorce decree, death certificate, or certified copies thereof for either spouse

Marriage certificate

Car titles

Deeds

Mortgages

Loans

Insurance

Other property titles

Credit cards

Wills, powers of attorney, or advance directives

Funeral desires

529 accounts

Investments (stocks, bonds, or 401(k) and retirement plans)



# Chapter 3

## Financial Information

Some of these listings will be joint accounts; some will be individual. Many banks, credit card issuers, etcetera will not share account information with non-account holders. Does the non-account holder in each of these listings have permission on file with the financial institution to make inquiries about or changes to the account? This could be helpful if the account owner is unable (or becomes unable) to make decisions about the account.

### INCOME TAX

---

Location of copies of federal and state income tax returns and related documents

### SAFE-DEPOSIT BOX

---

Name and address of bank or trust company

---

Password

---

Name of keyholder(s) and authorized users

---

Location of key

### ELECTRONIC TRANSACTIONS

Recurring electronic transactions (credits or debits), by account

---

Net income credited

---

To account

---

Mortgage

---

From account

---

Vehicle(s)

---

From account

---

Credit cards

---

From account

---

Utilities

---

From account

---

Insurance

---

From account

---

Other

---

Other

## FINANCIAL AND RETIREMENT ACCOUNTS AND ANNUITIES

Include checking, savings, and credit union accounts (and accounts in children's names).

---

Financial institution

---

Phone number

---

Username/login

---

Password

---

Account numbers and owner

---

Financial institution

---

Phone number

---

Username/login

---

Password

---

Account numbers and owner

---

Financial institution

---

Phone number

---

Username/login

---

Password

---

Account numbers and owner

---

Financial institution

---

Phone number

---

Username/login

---

Password

---

Account numbers and owner

---

Financial institution

---

Phone number

---

Username/login

---

Password

---

Account numbers and owner

## CREDIT CARDS

---

Name of creditor

---

Cardholder names

---

Website

---

Name of creditor

---

Cardholder names

---

Website

---

Name of creditor

---

Cardholder names

---

Website

---

Name of creditor

---

Cardholder names

---

Website

---

Name of creditor

---

Cardholder names

---

Website

---

Account number

---

Phone number

---

Username/login and password

---

Account number

---

Phone number

---

Username/login and password

---

Account number

---

Phone number

---

Username/login and password

---

Account number

---

Phone number

---

Username/login and password

---

Account number

---

Phone number

---

Username/login and password

**ASSETS, LOANS, AND OTHER LIABILITIES** (Download more copies at [www.moaa.org/publications](http://www.moaa.org/publications).)

---

Description of Asset

Owner  self  spouse  joint  
If joint, what kind?  survivorship  common  entirely  community property  
 other with client  other with spouse

---

Lender and account number

---

Date and amount of original loan

---

Length of loan and interest rate

---

Monthly payment

---

Lender website

---

Lender username and password

---

Insurance company and account

---

Insurance premium payment

---

Insurance website

---

Insurance username and password

---

Description of Asset

Owner  self  spouse  joint  
If joint, what kind?  survivorship  common  entirely  community property  
 other with client  other with spouse

---

Lender and account number

---

Date and amount of original loan

---

Length of loan and interest rate

---

Monthly payment

---

Lender website

---

Lender username and password

---

Insurance company and account

---

Insurance premium payment

---

Insurance website

---

Insurance username and password

# Chapter 4

## Insurance

This section covers both health and financial insurance. It is a reference guide for financial asset coverage; TRICARE or supplemental health policies; dental, vision, short-term disability, or long term care insurance; and specialized policies for specific circumstances such as cancer.

In the event of the death of a policyholder or a beneficiary, notify insurance companies promptly to avoid unnecessary costs. Each private insurance company will require a certified copy of the death certificate.

### LIFE INSURANCE

#### SELF

---

Insurance company

---

Phone number

---

Website

---

Username/login and password

---

Policy number(s)

---

Type of policy and expiration

---

Name of insured

---

Name of beneficiary

---

Owner

---

Death benefit and loans (if any)

#### SPOUSE

---

Insurance company

---

Phone number

---

Website

---

Username/login and password

---

Policy number(s)

---

Type of policy and expiration

---

Name of insured

---

Name of beneficiary

---

Owner

---

Death benefit and loans (if any)



## LONG TERM CARE INSURANCE

### SELF

---

Insurance company

---

Phone number

---

Website

---

Username/login

---

Password

---

Policy number

---

Elimination period

---

Daily benefit

---

Lifetime benefit

---

Home health care provision  Yes  No

### SPOUSE

---

Insurance company

---

Phone number

---

Website

---

Username/login

---

Password

---

Policy number

---

Elimination period

---

Daily benefit

---

Lifetime benefit

---

Home health care provision  Yes  No

Long term care insurance is private insurance that provides or defrays expenses associated with home health care or nursing homes. TRICARE and Medicare insurance plans typically do not provide for extended long term care. Medicaid may provide for long term care but only if you meet low-income and low-assets tests for the previous five years.

Statistics show 70 percent of those age 65 and older will need some level of long term care during their lives, with expenses for nursing home care averaging \$200 to \$250 a day. Not carefully planning and preparing for this possibility, with or without insurance as part of the planning, could deplete your retirement accounts and create financial hardship for you and your spouse and potentially your children.

For those who do obtain long term care insurance, more than half do so between the ages 55 and 64 and 20 percent do so between the ages 45 and 54. The younger you are when you purchase long term care insurance, the lower your premiums — but you pay premiums for a longer period of time. The longer you wait to obtain long term care insurance not only increases the premium but also risks you become uninsurable.



## MORE INFORMATION



The VA publishes a comprehensive book of federal benefits for veterans, dependents, and survivors.

[www.va.gov/opa/publications/benefits\\_book.asp](http://www.va.gov/opa/publications/benefits_book.asp)

### SERVICEMEMBERS' GROUP LIFE INSURANCE

Servicemembers' Group Life Insurance (SGLI) is low-cost group life insurance for active duty servicemembers, ready reservists, members of the National Guard, members of the Commissioned Corps of NOAA and the Public Health Service, and cadets and midshipmen of the four service academies and ROTC. It's available in \$50,000 increments up to a maximum of \$400,000, at 7 cents per \$1,000, regardless of age. Servicemembers are covered automatically for the maximum amount but can choose lesser or no coverage. Visit [www.benefits.va.gov/insurance/sgli.asp](http://www.benefits.va.gov/insurance/sgli.asp) for more information on SGLI.

Family Servicemembers' Group Life Insurance (FSGLI) is a program extended to the spouses and dependent children of members insured under the SGLI program. FSGLI provides up to a maximum of \$100,000 of insurance coverage for spouses, not to exceed the amount of SGLI the insured member has in force, and \$10,000 for dependent children. Spousal coverage is issued in increments of \$10,000. Visit [www.benefits.va.gov/insurance/fsgli.asp](http://www.benefits.va.gov/insurance/fsgli.asp) for more information on FSGLI.

### SURVIVOR BENEFIT PLAN AND DEPENDENCY AND INDEMNITY COMPENSATION

The Survivor Benefit Plan (SBP), Reserve Component Survivor Benefit Plan, and Retired Serviceman's Family Protection Plan provide eligible beneficiaries with a form of benefit called an annuity. An annuity is a monthly payment for the lifetime of the beneficiary. The amount of the benefit is a percentage of your retirement benefit based on your election. You may leave an annuity only to eligible beneficiaries.

Election to participate in these programs generally is made at the time of retirement, although some situations allow a retiree to add coverage after retirement. In most cases, costs to participate are deducted from the retiree's monthly pay and are based on the amount of coverage a retiree elects.

Retroactive to Sept. 10, 2001, SBP was amended to benefit survivors of servicemembers who die while serving on active duty. If you die on active duty, your survivors will be eligible for SBP. The SBP annuity will be calculated as though you had retired on total disability. Total disability means your retired pay would be 75 percent of basic pay, with your SBP beneficiary drawing 55 percent of that amount. For most on active status, this equates to approximately 41 percent of base pay at time of death.

SBP provides income protection for service retirees' survivors. Because service retirement pay ends with the servicemember's death, SBP is a way to pass on a portion of earned retirement pay to servicemembers' survivors. SBP also is indexed to the annual COLA, so annuities maintain relative value over time.

The VA's Dependency and Indemnity Compensation is a monthly payment made to eligible survivors. Those eligible include survivors of active duty servicemembers and veterans whose deaths were determined by the VA to be service-related. It is a flat monthly payment independent of the pay grade of the veteran. This payment is adjusted annually for cost-of-living increases and is tax-free.

If you are currently serving and would like more information regarding SBP, check out MOAA's publications on the topic at [www.moaa.org/publications](http://www.moaa.org/publications). There, you'll also find publications to help military survivors.

## HEALTH INSURANCE

Include TRICARE and supplemental health policies and dental, vision, short-term disability, long term care, accident, and specialized policies for specific circumstances such as cancer. MOAA's insurance offerings include MEDIPLUS®, with flexible coverage that allows you to choose the best plan for yourself and your family. MEDIPLUS works hand-in-hand with your TRICARE coverage to pay more of your medical bills and gives you protection for everything from hospital stays to doctor visits and prescription medications. Find out more at [www.moaainsurance.com](http://www.moaainsurance.com).

### TRICARE (WWW.TRICARE.MIL)

---

Regional provider

---

Phone number

---

Sponsor's beneficiary number

---

Regional website login and password

## OTHER MEDICAL INSURANCE

### SELF

---

Insurance company

---

Phone number

---

Website

---

Username/login

---

Password

---

Policy number

---

Name(s) of insured

---

Annual deductible

---

Copayment

### SPOUSE

---

Insurance company

---

Phone number

---

Website

---

Username/login

---

Password

---

Policy number

---

Name(s) of insured

---

Annual deductible

---

Copayment

## HEALTH CARE FLEXIBLE SPENDING ACCOUNTS

### SELF

---

Account ID number

### SPOUSE

---

Account ID number

## DENTAL INSURANCE

### SELF

---

Insurance company

---

Phone number

---

Website

---

Username/login and password

---

Policy number

---

Name(s) of insured

---

Annual deductible

---

Copayment

## VISION INSURANCE

### SELF

---

Insurance company

---

Phone number

---

Website

---

Username/login and password

---

Policy number

---

Name(s) of insured

---

Annual deductible

---

Copayment

### SPOUSE

---

Insurance company

---

Phone number

---

Website

---

Username/login and password

---

Policy number

---

Name(s) of insured

---

Annual deductible

---

Copayment

### SPOUSE

---

Insurance company

---

Phone number

---

Website

---

Username/login and password

---

Policy number

---

Name(s) of insured

---

Annual deductible

---

Copayment



## OTHER INSURANCE

This is the place to include your renter's insurance information if you don't own your home, and it's also a good spot to note any policy riders for high-ticket items and collectibles. For example, some people have health care coverage for their pets.

---

---

---

---

## VA HOSPITAL

---

Hospital name

---

Hospital address

---

Appointment phone number

# Chapter 5

## Wills and Other Arrangements

Let's focus on the basics — wills and powers of attorney. If you don't have these, contact the staff judge advocate office at your closest installation for help drafting these and other legal documents.

### WILLS

#### SELF

I have executed a will  I have not executed a will

\_\_\_\_\_  
Will is kept at

\_\_\_\_\_  
Executor's name and contact information

\_\_\_\_\_  
Lawyer's name and contact information

I have executed a living will/advance directive  
 I have not executed a living will/advance directive  
(The living will — also known as a medical directive or advance health care directive — is a declaration of what medical care and/or procedures you do or do not want should you become incapacitated due to injury or illness.)

\_\_\_\_\_  
Living will/advance directive is kept at

\_\_\_\_\_  
Executor's name and contact information

\_\_\_\_\_  
Lawyer's name and contact information

#### SPOUSE

I have executed a will  I have not executed a will

\_\_\_\_\_  
Will is kept at

\_\_\_\_\_  
Executor's name and contact information

\_\_\_\_\_  
Lawyer's name and contact information

I have executed a living will/advance directive  
 I have not executed a living will/advance directive  
(The living will — also known as a medical directive or advance health care directive — is a declaration of what medical care and/or procedures you do or do not want should you become incapacitated due to injury or illness.)

\_\_\_\_\_  
Living will/advance directive is kept at

\_\_\_\_\_  
Executor's name and contact information

\_\_\_\_\_  
Lawyer's name and contact information

### SAFE DEPOSIT BOX

See page 14

# POWERS OF ATTORNEY

Powers of attorney come in many forms — medical, general, and financial. Ensure you have the ones you will need and that you understand their scope. Remember, a durable power of attorney will survive your incapacity, but no power of attorney survives your death.

## SELF

- I have executed a general power of attorney
- I have not executed a general power of attorney

---

Type

---

Date established/expiration date

---

Power of attorney information is kept at

---

Naming (agent or attorney in fact)

---

Address

---

Contact information

## SPOUSE

- I have executed a general power of attorney
- I have not executed a general power of attorney

---

Type

---

Date established/expiration date

---

Power of attorney information is kept at

---

Naming (agent or attorney in fact)

---

Address

---

Contact information



SELF

- I have executed a health care power of attorney
- I have not executed a health care power of attorney

\_\_\_\_\_  
Type

\_\_\_\_\_  
Date established/expiration date

\_\_\_\_\_  
Power of attorney information is kept at

\_\_\_\_\_  
Naming (agent or attorney in fact)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact information

SELF

- I have executed a living will/advance medical directive power of attorney
- I have not executed a living will/advance medical directive power of attorney

\_\_\_\_\_  
Type

\_\_\_\_\_  
Date established/expiration date

\_\_\_\_\_  
Power of attorney information is kept at

\_\_\_\_\_  
Naming (agent or attorney in fact)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact information

SPOUSE

- I have executed a health care power of attorney
- I have not executed a health care power of attorney

\_\_\_\_\_  
Type

\_\_\_\_\_  
Date established/expiration date

\_\_\_\_\_  
Power of attorney information is kept at

\_\_\_\_\_  
Naming (agent or attorney in fact)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact information

SPOUSE

- I have executed a living will/advance medical directive power of attorney
- I have not executed a living will/advance medical directive power of attorney

\_\_\_\_\_  
Type

\_\_\_\_\_  
Date established/expiration date

\_\_\_\_\_  
Power of attorney information is kept at

\_\_\_\_\_  
Naming (agent or attorney in fact)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact information



By filling in the previous sections of this workbook, you've been proactive about making sure you have a family resource that might be useful in daily life as well as in emergencies. You can continue to make those proactive choices by reading through the next section, which touches on planning for your family's future after you're gone.

MOAA has a number of publications that can assist in this process. Visit [www.moaa.org/publications](http://www.moaa.org/publications) to review the full list of titles.

Other resources include the VA ([www.va.gov](http://www.va.gov)); the Tragedy Assistance Program for Survivors, or TAPS ([www.taps.org](http://www.taps.org)); and the Armed Forces Services Corp. ([www.afsc.com](http://www.afsc.com)).

Your survivors will have to make many decisions at this time, and it will be easier if you've made your wishes known. Following are some choices to consider.

## NOTIFICATION

Whom do you want to be informed of your death?

\_\_\_\_\_

Name

\_\_\_\_\_

Contact information

\_\_\_\_\_

Name

\_\_\_\_\_

Contact information

\_\_\_\_\_

Name

\_\_\_\_\_

Contact information

\_\_\_\_\_

Name

\_\_\_\_\_

Contact information

\_\_\_\_\_

Name

\_\_\_\_\_

Contact information

## FUNERAL

\_\_\_\_\_

Do you wish to be cremated? (Rules for cremation vary from state to state, and some require a letter of authority signed by the deceased. Such a letter should be filed with your personal papers.)

\_\_\_\_\_

Where do you want to be buried (national or local cemetery, family plot, etcetera)? If burial at sea is desired, a letter so stipulating should be prepared and filed with your personal papers.

\_\_\_\_\_

What type of funeral do you want? (A funeral director, apart from the unique and indispensable services performed, usually is well-informed regarding the administrative details of a servicemember's death. Depending on religious preference or affiliation, clergy might be either essential or merely of assistance. Families with strong religious ties should consult their clergy before making funeral arrangements.)



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