



AFRH Checklist

Needed when submitting your application

AFRH Application (*completed and signed*)

**AFRH Medical Examination Form completed by physician
(*common problem is lack of PPD or PPD positive if
PPD positive, we need to know your conversion date*)**

Copies of DD Form 214's (*do not send originals*)

**Functional assessment completed by Occupational or
Physical Therapist**

Needed when reporting to AFRH

Current Last will and testament

Federal Tax Return for the current and previous year

All 1099s and W-2s used in computing tax returns

All pay statements from government sources

**Proof of payment of supplemental health insurance
or Tricare for Life**

Proof of Medicare A & B

**Address and phone number of the person you designate
as your next-of-kin**

**Address and phone number of the person named as
executor of your Last Will**

Advance Directive/DNR (*Living Will*)