

## **Instructions for DFAS 9221 Notification of Retiree Death**

### **When to use this form:**

This form should be used to report the death of a military retiree. Though this is a difficult time, it's crucial to report the death of a military retiree promptly. Upon notification, DFAS will stop monthly payments to prevent overpayment and future collection of debt. Please follow all instructions carefully. An improperly submitted form could cause overpayment or delay in paying any benefits the retiree's survivors may be entitled to.

### **Navigation & Function Keys**

You can use your computer mouse or the following keys when completing the form:

TAB - moves to the next field.

Shift + TAB - moves the previous field.

Space Bar - clears the contents of a field.

Print button - prints a paper copy of the form.

Submit button - Sends the form to DFAS for processing.

### **Accessing the Form**

You may be taken to a screen warning that the site's security certificate is not trusted after you click on the link to the Fast Form. This is because you are using a computer that is not on the DFAS network. Click "proceed anyway" to access the form.

### **Instructions by Section**

<b>Section</b>	<b>Instruction</b>	<b>Tip</b>
Part A	Required - Please enter the deceased retiree's information.	Names must be entered last name, first name, middle initial.  Social Security Numbers must be numeric characters only.  Dates must be entered in this format: MM/DD/YYYY  Zip Codes must be five numeric characters and within the state's zip code range.  Phone numbers, if entered, must be 10 digits.

Part B	Required - Please enter your own information.	Names must be entered last name, first name, middle initial.  Zip Codes must be five numeric characters and within the state's zip code range.  Phone numbers, if entered, must be 10 digits.
Part C	Optional – If available, please enter information about the spouse of the deceased retiree.	Names must be entered last name, first name, middle initial.  Social Security Numbers must be numeric characters only.  Dates must be entered in this format: MM/DD/YYYY  Zip Codes must be five numeric characters and within the state's zip code range.  Phone numbers, if entered, must be 10 digits.
Part D	Optional – Please enter information about the family and beneficiaries of the deceased military retiree.	Same as above.  Up to five family members or beneficiaries may be entered.
Part E	Optional – Please enter any comments you think will be helpful.	

### Submission and Questions

If you need to clear the form and start over, click “Reset.” After filling out the form, please use the “Print” button at the bottom of the page to print a copy for your records. Then, click “Submit” to send the form to DFAS for processing.

Within 7-10 business days after reporting the death to DFAS, you should receive a letter containing claim forms for any money due the retiree or benefits available to survivors.

If you need assistance completing your claim forms, please call our customer service representatives at 800-321-1080.