

RETIREE REPORTING CHECKLIST

(For use of this form, see AR 638-2, AR 638-8 and AR 600-8-7. The proponent agency is DHR/IAG/CAC.)

1. DECEDENT'S NAME (LAST, FIRST AND MIDDLE INITIAL):		2. RANK:									
3. DATE OF DEATH:	4. CASE NUMBER:	5. CASE WORKER:									
6. ENTER THE DATE/INITIAL THAT EACH ACTION WAS COMPLETED:											
a.	/	INITIATED RETIREE CASUALTY WORKSHEET, SECTIONS 1-2 AS REQUIRED.									
b.	/	RETIREE STATUS VERIFIED (BY HUNTS SYSTEM (COPY OF PRINT OUT IN PACKET)).									
c.	/	REPORTED DEATH OF RETIREE _____ CALLED RETIRED PAY (1-800-321-1080 OR _____ DFAS ONLINE).									
d.	/	ENTERED RETIREE'S INFORMATION IN DCIPS (COPY IN PACKET).									
e.	/	CONTACTED NOK AND INFORMED OF BENEFITS SHE/HE IS ENTITLED TO AND OFFERED ASSISTANCE. INDICATED IN REMARKS OF CASUALTY WORKSHEET WHAT TYPE OF ASSISTANCE WAS PROVIDED.									
f.	/	ASSIGNED A CAO (RANK, NAME AND PHONE NUMBER): _____									
g.	/	PROVIDED MORTUARY A COPY OF RETIREE CASUALTY WORKSHEET (IF RETIREE WAS PROPERLY ADMITTED TO MILITARY HOSPITAL).									
h.	/	FH FORM 1222 AND RETIREE CASUALTY WORKSHEET FOR CG'S LETTER (IF DEATH OCCURED AT DACH OR ANY MILITARY HOSPITAL).									
7. COMPLETED FORMS FOR CLAIM OF UNPAID COMPENSATION IF APPLICABLE:											
<input type="checkbox"/>	SF 1174 FRONT AND BACK (F&B)										
<input type="checkbox"/>	DEATH CERTIFICATE										
8. COMPLETED FORMS FOR VERIFICATION OF SURVIVOR ANNUITY IF APPLICABLE:											
<input type="checkbox"/>	DD 2656-7 (F&B)	<input type="checkbox"/>	W-4P	<input type="checkbox"/>	SF 1199A (DIRECT DEPOSIT)	<input type="checkbox"/>	VOIDED CHECK				
<input type="checkbox"/>	DEATH CERTIFICATE										
9. CASE FILE INVENTORIED		10. REVIEWED BY A SUPERVISOR OF CASUALTY OPERATIONS CENTER									