

THE PAPER SAFE

Important Documents
for Veterans and
Their Loved Ones





Together Always

Associates of Vietnam Veterans of America

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Dear Veteran:

We are proud to present the Paper Safe as your guide for gathering and maintaining pertinent information about you. We have worked together many years in the struggle to gain justice for America's veterans and their loved ones. It is our mission to encourage all veterans and their families to apply for the benefits to which they are entitled.

Your personal Paper Safe will be a home for information that will assist your family at the time of your passing as they apply for survivors' benefits and burial assistance. It will also help them to know and carry out your final wishes and your requests.

Among the pages of this Paper Safe are guidelines for survivors' benefits and burial allowances; a place to list financial assets, community activities, medical providers; and other critical information difficult to assemble during a time of personal or family crisis.

It is important to complete the forms in the *Paper Safe*, gather the documents noted in the checklist, and store them in a safe place where they may be recovered quickly. Remember, there are time limits for survivors to file for certain VA claims.

Life is unpredictable. It is our hope that the Paper Safe will provide a means for you and your family to prepare for that event which, ultimately, one day will come our way.

We thank you for your service.

Together Always,

AVVA National Board of Directors

VETERANS:

Do Your Loved Ones Have All the Information They'll Need
To Receive the Benefits You Have Earned?



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Written by Nancy Switzer. Design by Citizen X Design.

Some information for this publication was taken from the *Federal Benefits for Veterans and Dependents*, published by the Department of Veterans Affairs, 2000 Edition. For more information, call your VA Regional Office at 1-800-827-2000 or visit **www.va.gov**

BURIAL BENEFITS

U.S. DEPARTMENT OF VETERANS AFFAIRS

The **National Cemetery Administration (NCA)**, a division of the Department of Veterans Affairs (VA), provides burial benefits, which include a gravesite, a headstone or marker, a burial flag and Presidential Memorial Certificate, opening and closing of the grave, and perpetual care in a VA national cemetery. To be eligible for burial benefits, veterans must have been discharged or separated from military service under conditions other than dishonorable, and must have completed their required period of service.

Currently there are 134 national cemeteries located in 40 states. Spouses and minor children of eligible veterans and service personnel may be buried in a national cemetery, as may certain adult children who are incapable of supporting themselves. These eligible spouses and dependents may be buried in a national cemetery even if they predecease the Veteran.

Gravesites may not be reserved; funeral directors or others making the arrangements must apply for the site after the veteran's death. For more information on benefits from the NCA, see: <http://www.cem.va.gov>

STATE VETERANS CEMETERIES

In addition to VA national cemeteries, most states maintain veterans cemeteries for their eligible veterans. For information on state cemeteries, contact the State Veterans' Services Office in your state, or see: <http://www.nasdva.net>

ARLINGTON NATIONAL CEMETERY

Arlington National Cemetery in Virginia is maintained by the Department of the Army. Please call 703-695-3250 for information concerning burial availability, eligibility and application procedures.

REIMBURSEMENT OF PRIVATE CEMETERY BURIAL EXPENSES

The **Veterans Benefits Administration (VBA)** will reimburse funeral expenses paid by the family or funeral home upon receipt of an application and accompanied by paid bill receipts. The VA will reimburse up to \$2,000 (\$1,500 if death is prior to September 10, 2001), provided that the cause of death has been adjudicated as service-connected. For non-service-connected deaths, VA will pay up to \$300 toward burial and funeral expenses and a \$300 plot-interment allowance for deaths on or after December 1, 2001. The plot-interment allowance is \$150 for deaths prior to December 1, 2001. If the death happened while the veteran was in a VA hospital or under VA-contracted nursing home care, some or all of the costs for transporting the veteran's remains may be reimbursed.

Even if buried in a private cemetery, veterans may receive a headstone, marker or medallion, a burial flag, and a Presidential Memorial Certificate, at no cost to the family. For more information, contact an accredited VVA Veteran Service Officer, or call the VBA at 800-827-1000.

SURVIVORS' BENEFITS

The VA administers two types of benefits for the survivors of veterans, depending upon whether the cause of death is service-connected or non-service-connected.

Service-connected death compensation is called Dependency and Indemnity Compensation or "DIC." It provides monthly payments to the surviving spouse and children of a veteran whose death is determined to be service-connected. To be eligible, the veteran must have died as the result of:

- 1) A disease or injury incurred or aggravated while on active duty, or
- 2) An injury incurred or aggravated in the line of duty, while on active duty or inactive duty for training, or
- 3) A disability that the VA can pay compensation benefits for.

The veteran's death may not be the result of willful misconduct.

Furthermore, if the veteran's spouse remarries, he or she will lose eligibility to receive *unless* the surviving spouse remarries on or after December 16, 2003, and on or after attaining age 57.

In addition, DIC payments may be authorized to the spouse and children of totally disabled veterans whose deaths were not the result of their disabilities. The survivors qualify if:

- 1) An injury or disease incurred or aggravated in the line of duty, while on active duty or inactive duty for training, or the veteran was rated 100% service-connected for ten years or more preceding death, or
- 2) The veteran was rated 100% service-connected for five years from the date of discharge from military service, or
- 3) The veteran was a former prisoner of war who was rated as 100% service-connected for at least one year preceding death.

The veteran and spouse must have been married for at least one year prior to the veteran's death, unless they have children together.

All DIC payments are subject to judicial offset against any recoveries made under the Federal Torts Claims Act.

Non-service-connected survivors' pension is payable to widows, widowers, or children of veterans whose deaths were not related to their military service and whose estates are incapable of supporting them. The veteran must have served on active duty, under honorable conditions, for at least 90 consecutive active-duty days, with at least one day during a period of war.

The improved pension program provides payments to bring an eligible person's income to a level established by law. These payments are reduced by income from any other source, including Social Security benefits. However, medical expenses may be deducted from the annual income to reduce the individual's income level. Benefits are not payable to those capable of supporting themselves or those who have assets adequate to provide support. For more information, see <http://www.vba.va.gov/survivors>

DEPENDENTS' EDUCATION

Dependents' Educational Assistance under 38 USC CHAPTER 35 authorizes education and training opportunities to eligible dependents of veterans who are either deceased due to a service-connected condition, or who are rated 100% service-connected permanent and total by VA. The program offers up to 45 months of education benefits, and benefits may be used for degree and certificate programs, apprenticeships, and on-the-job training. Eligibility rules can be complex. For further information, contact a local accredited VVA Veteran Service Officer, or the Department of Veterans Affairs at 1-888-GIBILL-1 (1-888-442-4551), or go to http://www.gibill.va.gov/benefits/other_programs/dea.html

A WORD OF CAUTION

AVVA and VVA Service Officers focus on helping veterans and dependents in obtaining VA benefits, including aid & attendance benefits, but are not experts on elder law, estate law, federal and state tax law, Medicare, or Medicaid. A veteran, spouse, or family member who is in need of assisted living often is in a situation that overlaps all these areas of law. A decision made in one area can significantly impact the other areas, and there can be severe state and federal tax implications. Therefore, VVA suggests contacting the National Association of Elder Law Attorneys (<http://www.naela.org>) for a referral to a local experienced attorney who is well versed in all these areas of law and can provide comprehensive advice to veterans and their families in these types of situations.

IMPORTANT DOCUMENTS

The spouse of any veteran eligible for VA benefits should maintain a record of the following documents:

1. The veteran's discharge papers, DD-214, or separation papers.
2. All marriage and divorce decrees for the veteran and the spouse.
3. All minor children's birth certificates.
4. Social Security numbers for the entire family.
5. All medical evaluation boards, disability ratings, or Social Security awards.
6. All hospital records, surgical reports, and treatment records.
7. A notarized copy of the death certificate.

ESTATE ADMINISTRATION INFORMATION

INFORMATION CONCERNING INDIVIDUAL

Name: _____

Any name variations used by veteran: _____

Address: _____

Social Security number: _____

Citizenship: _____

BIRTH: Date of birth: _____ Place: _____

PARENTS: Mother: _____

Father: _____

Person to notify in case of emergency: Name _____

Telephone _____

VETERAN'S STATUS

Are you a veteran? _____ Branch of service _____

Veterans Service Number _____ Rank _____

Where did you serve and dates _____

Medals/Commendations awarded _____

Are you currently receiving veterans benefits (if so, please list benefits, including disabilities) _____

Your veterans service officer - name, address, and telephone number: _____

MEDICAL INFORMATION

Physicians: Primary care _____ Telephone _____
 Specialty care _____ Telephone _____
 Specialty care _____ Telephone _____
 Specialty care _____ Telephone _____

Hospital Hospital name _____ Telephone _____
 Address _____

VA hospitals you have been a patient in _____

Health Care Provider _____ Telephone _____
 Provider number _____

Organ Donor? Yes No Explain: _____

CHURCH AFFILIATION, PASTOR, OR SPIRITUAL ADVISER

Church Name _____ Telephone _____
 Address _____

Pastor Name _____ Telephone _____

Spiritual Adviser Name _____ Telephone _____

MARRIAGE HISTORY:

Surviving Spouse: Name: _____
 Address: _____

 Telephone _____ Social Security number: _____
 Date of birth: _____
 Date of marriage: _____ Place of marriage: _____

Deceased spouse: Name: _____

Date of death of deceased spouse: _____

Previous marriage: Name: _____

Date divorce became final: _____

Any post-death obligation to former spouse: _____

Previous marriage: Name: _____

Date divorce became final: _____

Any post-death obligation to former spouse: _____

Previous marriage: Name: _____

Date divorce became final: _____

Any post-death obligation to former spouse: _____

LIVING CHILDREN (Natural or Adopted):

Name: _____ Natural Adopted Step Godchild

Address: _____

Telephone number: _____ Social Security number _____

Date of birth: _____ Place of birth _____

Name: _____ Natural Adopted Step Godchild

Address: _____

Telephone number: _____ Social Security number _____

Date of birth: _____ Place of birth _____

Name: _____ Natural Adopted Step Godchild

Address: _____

Telephone number: _____ Social Security number _____

Date of birth: _____ Place of birth _____

Name: _____ Natural Adopted Step Godchild

Address: _____

Telephone number: _____ Social Security number _____

Date of birth: _____ Place of birth _____

Name: _____ Natural Adopted Step Godchild

Address: _____

Telephone number: _____ Social Security number _____

Date of birth: _____ Place of birth _____

Name: _____ Natural Adopted Step Godchild

Address: _____

Telephone number: _____ Social Security number _____

Date of birth: _____ Place of birth _____

DECEASED CHILDREN:

Name: _____ Natural Adopted Step Godchild

Date of birth: _____ Place of birth _____

Date of death: _____ Social Security number _____

Cause of death _____

Name: _____ Natural Adopted Step Godchild

Date of birth: _____ Place of birth _____

Date of death: _____ Social Security number _____

Cause of death _____

RELATIVES:

Name _____ Relationship _____

Address _____

Name _____ Relationship _____

Address _____

Name _____ Relationship _____

Address _____

Name _____ Relationship _____

Address _____

FUNERAL ARRANGEMENTS

Funeral Home _____ Telephone _____

Address _____

Cemetery _____ Plot _____

Deed number _____ Location _____

List all pertinent information which pertains to your funeral arrangements (examples: person to speak at your eulogy, special requests, music arrangements, veterans organizations taking part, pallbearers, etc.)

Person to notify _____ Telephone _____

Address _____

Person to notify _____ Telephone _____

Address _____

Person to notify _____ Telephone _____

Address _____

Person to notify _____ Telephone _____

Address _____

Person to notify _____ Telephone _____

Address _____

Person to notify _____ Telephone _____

Address _____

EMPLOYMENT:

Current employment status _____ Occupation: _____

Name and address of employer: _____

If self-employed, name and description of ongoing business: _____
_____ Should business be continued or closed?

ORGANIZATIONS AND COMMUNITY INVOLVEMENT

Organization _____ Telephone _____
Member number _____ Member since _____
Position(s) held _____

Honors/Awards, etc. _____

Organization _____ Telephone _____
Member number _____ Member since _____
Position(s) held _____

Honors/Awards, etc. _____

Organization _____ Telephone _____
Member number _____ Member since _____
Position(s) held _____

Honors/Awards, etc. _____

Organization _____ Telephone _____
Member number _____ Member since _____
Position(s) held _____

Honors/Awards, etc. _____

INFORMATION CONCERNING ESTATE

WILL:

Date: _____ Location of will _____

Codicil date: _____ State where executed _____:

Named executor: Name: _____

Address: _____

Telephone: _____

Relationship to decedent: _____

Social Security number: _____

Named executor: Name: _____

Address: _____

Telephone: _____

Relationship to decedent: _____

Social Security number: _____

Substitute or successor executor: Name: _____

Address: _____

Named trustee: Name: _____

Address: _____

Named trustee: Name: _____

Address: _____

Substitute or successor trustee: Name: _____
Address: _____

Legatees and devisee: (Determine guardians of minors; corporate status of organizations)
Name: _____
Address: _____

Interest in estate: _____

Legatees and devisee: (Determine guardians of minors; corporate status of organizations)
Name: _____
Address: _____

Interest in estate: _____

Legatees and devisee: (Determine guardians of minors; corporate status of organizations)
Name: _____
Address: _____

Interest in estate: _____

OTHER POTENTIAL DISTRIBUTEES:

Name: _____
Address: _____
Relationship: _____

Name: _____
Address: _____
Relationship: _____

Name: _____
Address: _____
Relationship: _____

ASSETS

PASSING BY WILL, BY LAW, OR BY CONTRACT/DESIGNATION

PERSONAL PROPERTY:

Cash amount: _____

Jewelry (to be inventoried and appraised) _____

Clothing, furs, etc. (inventory and value) _____

Art objects: (to be inventoried and appraised) _____

Collections: (coins, stamps, etc. to be inventoried and appraised) _____

Furniture/furnishings (to be inventoried and appraised) _____

Automobile (to be appraised): Year/Make/Model: _____

License no.: _____

Vehicle Identification No. (VIN): _____

Automobile (to be appraised): Year/Make/Model: _____

License no.: _____

Vehicle Identification No. (VIN): _____

Automobile (to be appraised): Year/Make/Model: _____

License no.: _____

Vehicle Identification No. (VIN): _____

Recreational equipment: (boats, campers, etc., to be appraised) _____

Other personal property: _____

Refunds: (income tax, insurance subscriptions, etc.) _____

Accrued salary, vacation pay, bonuses, commissions due you: _____

BANK ACCOUNTS: Provide in this folder copies of bank statements

Bank: _____ Branch: _____

Account type (savings, checking, etc.) _____

Account number: _____

Name(s) on account and whether individual or joint: _____

Bank: _____ Branch: _____

Account type (savings, checking, etc.) _____

Account number: _____

Name(s) on account and whether individual or joint: _____

Bank: _____ Branch: _____

Account type (savings, checking, etc.) _____

Account number: _____

Name(s) on account and whether individual or joint: _____

Bank: _____ Branch: _____

Account type (savings, checking, etc.) _____

Account number: _____

Name(s) on account and whether individual or joint: _____

Bank: _____ Branch: _____

Account type (savings, checking, etc.) _____

Account number: _____

Name(s) on account and whether individual or joint: _____

Bank: _____ Branch: _____

Account type (savings, checking, etc.) _____

Account number: _____

Name(s) on account and whether individual or joint: _____

STOCKS:

Name of corporation: _____ Number of shares: _____

Name(s) in which stock is registered) _____

Name of corporation: _____ Number of shares: _____

Name(s) in which stock is registered) _____

Name of corporation: _____ Number of shares: _____

Name(s) in which stock is registered) _____

Name of corporation: _____ Number of shares: _____

Name(s) in which stock is registered) _____

Name of corporation: _____ Number of shares: _____

Name(s) in which stock is registered) _____

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Name of corporation: _____ Number of shares: _____

Name(s) in which stock is registered) _____

Name of corporation: _____ Number of shares: _____

Name(s) in which stock is registered) _____

Name of corporation: _____ Number of shares: _____

Name(s) in which stock is registered) _____

Name of corporation: _____ Number of shares: _____

Name(s) in which stock is registered) _____

BONDS

Name of obligor: _____

Face amount: _____ Date of maturity: _____

Interest rate/Interest payable: _____ Due date: _____

Name of obligor: _____

Face amount: _____ Date of maturity: _____

Interest rate/Interest payable: _____ Due date: _____

Name of obligor: _____

Face amount: _____ Date of maturity: _____

Interest rate/Interest payable: _____ Due date: _____

Name of obligor: _____

Face amount: _____ Date of maturity: _____

Interest rate/Interest payable: _____ Due date: _____

Name of obligor: _____

Face amount: _____ Date of maturity: _____

Interest rate/Interest payable: _____ Due date: _____

US SAVINGS BONDS

Registered in name(s): _____

Payable on death to (if any): _____

Face value: _____ Series: _____

Issue date: _____ Serial number: _____

Registered in name(s): _____

Payable on death to (if any): _____

Face value: _____ Series: _____

Issue date: _____ Serial number: _____

BROKERAGE ACCOUNTS:

Brokerage _____

Address _____

Account number: _____

Name(s) on account _____ individual joint

Brokerage _____

Address _____

Account number: _____

Name(s) on account _____ individual joint

Brokerage _____

Address _____

Account number: _____

Name(s) on account _____ individual joint

Brokerage _____

Address _____

Account number: _____

Name(s) on account _____ individual joint

SAFE DEPOSIT BOX

Bank _____ Telephone _____

Address _____

Safe deposit box number: _____

Name(s) box is registered to, joint tenant or deputy: _____

LIFE INSURANCE:

Company _____ Telephone _____

Address _____

Policy number: _____ Face amount of policy: _____

Beneficiary(ies) (individuals or estate): _____

Company _____ Telephone _____

Address _____

Policy number: _____ Face amount of policy: _____

Beneficiary(ies) (individuals or estate): _____

RETIREMENT PLANS

Company _____ Telephone _____

Address _____

Account number _____ IRA 401(k) Pension

Company _____ Telephone _____

Address _____

Account number _____ IRA 401(k) Pension

Company _____ Telephone _____

Address _____

Account number _____ IRA 401(k) Pension

SOCIAL SECURITY BENEFITS

Note: The Social Security check received the first week of each month is for the preceding month. Individuals must live the entire month to receive the check; otherwise the check must be returned to the Social Security Administration.

REAL ESTATE

Property address _____

Title in the name of _____

Approximate market value _____ Assessed value (from property tax bill) _____

Outstanding mortgage(s)? if so, name and address of mortgagee and approximate balance due _____

DOCUMENT CHECKLIST

Be sure to include copies of the following documents in this packet:

- Deeds and titles
- Marriage license(s) and divorce decree(s) for the veteran and the spouse
- Birth certificates, including those for all minor children
- Social Security cards for the entire family
- Stock certificates
- List of bank accounts, CDs, and credit cards
- The veteran's discharge papers, DD214 or separation papers.
- All military medical evaluation boards, disability ratings, or social security awards.
- All military and private hospital records, surgical reports, and treatment records.

IMPORTANT

Timing is important. Any claim for VA benefits should be filed as promptly as possible to insure the earliest effective date of an award of benefits. Please consult with a qualified AVVA- or VVA-accredited service officer representative at the earliest possible opportunity.

NOTES



ASSOCIATES OF VIETNAM VETERANS OF AMERICA
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