

# Personal Affairs Guide

A PERSONAL INVENTORY  
FOR PEACE OF MIND



# Personal Affairs Guide

## 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.



Contact MOAA about benefits and financial information.

- Email [beninfo@moaa.org](mailto:beninfo@moaa.org).
- Visit the MOAA website at [www.moaa.org/finance](http://www.moaa.org/finance) and [www.moaa.org/payissues](http://www.moaa.org/payissues)
- 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

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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 2021.

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## Introduction

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're 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 one 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.

MOAA Premium and Life Members can call our financial and benefits experts to discuss your concerns. Call (800) 234-6622 or email [beninfo@moaa.org](mailto:beninfo@moaa.org).



# Chapter I

## 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 strive 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 from 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 secu-

rity. 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 appropriate online accounts. This prevents personal 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 yourself and your loved ones.



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

# 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

Full name

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

To whom

### SPOUSE

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

Date and place

How it ended and place

## 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**

---

Phone number

---

Web address

---

Username/password

---

**Primary Care Provider**

---

Phone number

---

Website

---

Username/Password

---

**TRICARE**

---

Phone number (if applicable)

---

Website

---

Username/password

---

**Other Primary Care Provider**

---

Phone number

---

Website

---

Username/Password

---

**Family dentist**

---

Phone number

---

Website

---

Username/Password

---

**Eye doctor**

---

Phone number

---

Website

---

Username/Password

---

**Other doctor**

---

Phone number

---

Website

---

Username/Password

---

**VA hospital and phone number**

---

Phone number

---

Website

---

Username/Password



## PHARMACIES

---

### **Military pharmacy**

---

Phone number

---

Web address

---

Username/password

---

### **Mail-order pharmacy**

---

Phone number

---

Web address

---

Username/password

---

### **Local pharmacy**

---

Phone number

---

Web address

---

Username/password

---

### **Local pharmacy**

---

Phone number

---

Web address

---

Username/password

EDUCATION

SELF

Institution attended

Institution attende

Year(s)

Degree(s) conferred

SPOUSE

Institution attended

Institution attende

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)

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)

MEMBERSHIP IN ASSOCIATIONS OR CLUBS

**Name of association or club**

Membership number

Contact information

Member since

**Name of association or club**

Membership number

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 visiting [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 (spouse)

Current monthly benefit (self)

## 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 or (314) 801-0800 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

## SERVICE PAY AND SBP

For DoD members, the Defense and Finance Accounting Service (DFAS) provides payment for military pay and administers the Survivor Benefit Plan (SBP). Visit [www.dfas.mil](http://www.dfas.mil) or call (800) 321-1080. Access your military pay account at <https://mypay.dfas.mil/mypay.aspx>. For members of the USCG, USPHS, and NOAA, the U.S. Coast Guard Pay & Personnel Center is your pay agency and SBP administrator. Call (866) 772-8724 or visit [www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human-Resources-CG-1/Pay-and-Personnel-Center-PPC](http://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human-Resources-CG-1/Pay-and-Personnel-Center-PPC).

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. Answers to security questions might be required to reset passwords.

## VA INFORMATION

(www.va.gov)

### Local veterans' service organization

Phone number

Location of VA records

VA claim number

Disability award date

Contact name

Address

Disability

Beneficiary

Current monthly benefit

VA GI bill benefit

Post-9/11 GI Bill benefit transferred

VA eBenefits username/login

Password

## 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, 401(k), and retirement plans)



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

# 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

From account

Mortgage

From account

Vehicle(s)

From account

Credit cards

From account

Utilities

From account

Insurance

From account

To account

From account

## FINANCIAL AND RETIREMENT ACCOUNTS AND ANNUITIES

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

---

**Financial institution**

---

Phone number

---

Owner

---

Account number

---

Username/password

---

**Financial institution**

---

Phone number

---

Owner

---

Account number

---

Username/password

---

**Financial institution**

---

Phone number

---

Owner

---

Account number

---

Username/password

---

**Financial institution**

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Phone number

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Owner

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Account number

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Username/password

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**Financial institution**

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Phone number

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Owner

---

Account number

---

Username/password

---

**Financial institution**

---

Phone number

---

Owner

---

Account number

---

Username/password

## CREDIT CARDS

---

**Name of creditor**

---

Phone number

---

Website

---

Cardholder names

---

Account number

---

Username/password

---

**Name of creditor**

---

Phone number

---

Website

---

Cardholder names

---

Account number

---

Username/password

---

**Name of creditor**

---

Phone number

---

Website

---

Cardholder names

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Account number

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Username/password

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**Name of creditor**

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Phone number

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Website

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Cardholder names

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Account number

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Username/password

---

**Name of creditor**

---

Phone number

---

Website

---

Cardholder names

---

Account number

---

Username/password

---

**Name of creditor**

---

Phone number

---

Website

---

Cardholder names

---

Account number

---

Username/password

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

**Description of Asset**

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

**Lender**

Lender Phone number

Lender website

Account number

Length of loan and interest rate

Date and amount of original loan

Monthly payment

Username/Password

**Insurance company**

Lender Phone number

Insurance website

Account number

Insurance premium payment

Username/Password

**Description of Asset**

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

**Lender**

Lender Phone number

Lender website

Account number

Length of loan and interest rate

Date and amount of original loan

Monthly payment

Username/Password

**Insurance company**

Insurance website

Account number

Insurance premium payment

Username/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

Policy number(s)

Username/login and password

Type of policy and expiration

Name of insured

Name of beneficiary

Owner

Death benefit and loans (if any)

#### SPOUSE

Insurance company

Phone number

Website

Policy number(s)

Username/login and password

Type of policy and expiration

Name of insured

Name of beneficiary

Owner

Death benefit and loans (if any)



MOAA offers members many insurance plans, including life and long term care insurance and a TRICARE supplemental plan called MEDIPLUS®. Visit [www.moaainsurance.com](http://www.moaainsurance.com) to learn more about plan details and low group rates.

## LONG TERM CARE INSURANCE

### SELF

Insurance company

Phone number

Website

Username/Password

Policy number

Elimination period

Daily benefit

Lifetime benefit

Home health care provision  Yes  No

### SELF

Insurance company

Phone number

Website

Username/Password

Policy number

Elimination period

Daily benefit

Lifetime benefit

Home health care provision  Yes  No



### 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)

## 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% of basic pay, with your SBP beneficiary drawing 55% of that amount.

For most on active duty status, this equates to approximately 4% 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).

Regional provider

Regional website login and

Sponsor's beneficiary number

Ppassword

Phone number

### TRICARE

([www.tricare.mil](http://www.tricare.mil))

#### SELF

#### SPOUSE

**Insurance company**

**Insurance company**

Phone number

Phone number

Website

Website

Username/password

Username/password

Policy number

Policy number

Name(s) of insured

Name(s) of insured

Annual deductible

Annual deductible

Copayment

Copayment

## OTHER MEDICAL INSURANCE

Health care flexible spending accounts

#### SELF

#### SPOUSE

Account ID number

Account ID number

## DENTAL 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

## 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



## 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 location

\_\_\_\_\_  
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 location

\_\_\_\_\_  
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 12](#)

## 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

**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

**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 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)) and the Tragedy Assistance Program for Survivors, or TAPS ([www.taps.org](http://www.taps.org)). Each state participates in a federal program called the “Area Agency on Aging” that provides a variety of services for seniors. To find your state’s program google “Your State’s Area Agency on Aging.”

Your survivors will have to make many decisions when the time comes, and it will be easier if you’ve made your wishes known. Following are some choices to consider.

Name of person you want to be informed of your death	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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