

Family Protection Plan



This Family Protection Plan is presented to:

"TO OUR LOVED ONES"

"It is our wish that you be spared from anxiety, expense and inconvenience at the time of our death.

In this Guide you will find information which we have recorded and planning which represents arrangements made in advance, hoping in this way to relieve our family at the time of need.

If you will give these to our Casualty Assistance Officer or Funeral Director, everything will be conducted in accordance with our wishes.

In the Guide we have recorded certain vital statistics that will be needed, as well as other information you will need.

We sincerely hope you will find these arrangements satisfactory and that they will help you retain a warm memory of the wonderful years we have spent together."



CSM Albert "Bones" McFarland, Retired USA

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HUSBAND'S VITAL STATISTICS

Name: _____ (Last, First, Middle)

Address: _____ Telephone: _____

City, State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Occupation (or retired from): _____

Employer: _____

Type of Business: _____ How long employed: _____

Social Security Number: _____ Married: _____ Single: _____ Widowed: _____ Divorced: _____

Father's Name: _____

Birthplace: _____ Date of Birth: _____

Mother's Maiden Name: _____

Birthplace: _____ Date of Birth: _____

MILITARY STATISTICS

Branch of Service: _____ Service Serial Number/SSN: _____

Date Entered Service: _____ Place: _____

Date of Separation: _____ Place: _____

Grade, Rank or Rating: _____

Wars/Conflicts Served: _____

Additional Information: _____

WIFE'S VITAL STATISTICS

Name: _____ (Last, First, Middle)

Address: _____ Telephone: _____

City, State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Occupation (or retired from): _____

Employer: _____

Type of Business: _____ How long employed: _____

Social Security Number: _____ Married: _____ Single: _____ Widowed: _____ Divorced: _____

Father's Name: _____

Birthplace: _____ Date of Birth: _____

Mother's Maiden Name: _____

Birthplace: _____ Date of Birth: _____

MILITARY STATISTICS

Branch of Service: _____ Service Serial Number/SSN: _____

Date Entered Service: _____ Place: _____

Date of Separation: _____ Place: _____

Grade, Rank or Rating: _____

Wars/Conflicts Served: _____

Additional Information: _____

HUSBAND'S FUNERAL SERVICE INSTRUCTIONS

Funeral Home: _____

Service Location: Church or Synagogue Funeral Home Gravesite

Church or Synagogue Preference: _____

Clergyman: _____

Lodge/Veteran Service By: _____

Floral Request: _____

Obituary: Yes No

Music Selections: 1. _____

2. _____

3. _____

4. _____

Clothing: _____

Jewelry: _____

Glasses On: Yes No

Other Instructions: _____

Pallbearers:

1. _____

Name

Address

Telephone

2. _____

3. _____

4. _____

5. _____

6. _____

HUSBAND'S HISTORICAL INFORMATION (OBITUARY)

Education: _____ Years: _____ Degrees: _____

Fraternity or Honor Society: _____ Years: _____ Position Held: _____

Military: _____ Years: _____ Rank: _____

Civic or Public Offices Held: _____ Years: _____ Where: _____

Special Achievement or Recognition: _____

Other: _____

TO MY FAMILY

I have completed this guide and made other arrangement for the express purpose of relieving you, insofar as possible, of the financial and emotional burden with which most of us are so unfamiliar.

Signed: _____ Dated: _____

WIFE'S FUNERAL SERVICE INSTRUCTIONS

Funeral Home: _____

Service Location: Church or Synagogue Funeral Home Gravesite

Church or Synagogue Preference: _____

Clergyman: _____

Lodge/Veteran Service By: _____

Floral Request: _____

Obituary: Yes No

Music Selections: 1. _____

2. _____

3. _____

4. _____

Clothing: _____

Jewelry: _____

Glasses On: Yes No _____

Other Instructions: _____

Pallbearers:

1. _____

Name

Address

Telephone

2. _____

3. _____

4. _____

5. _____

6. _____

WIFE'S HISTORICAL INFORMATION (OBITUARY)

Education: _____ Years: _____ Degrees: _____

Fraternity or Honor Society: _____ Years: _____ Position Held: _____

Military: _____ Years: _____ Rank: _____

Civic or Public Offices Held: _____ Years: _____ Where: _____

Special Achievement or Recognition: _____

Other: _____

TO MY FAMILY

I have completed this guide and made other arrangement for the express purpose of relieving you, insofar as possible, of the financial and emotional burden with which most of us are so unfamiliar.

Signed: _____ Dated: _____

CHILDREN

Name: _____ Telephone: _____
Address: _____
(City, State, Zip Code)

Name: _____ Telephone: _____
Address: _____
(City, State, Zip Code)

Name: _____ Telephone: _____
Address: _____
(City, State, Zip Code)

Name: _____ Telephone: _____
Address: _____
(City, State, Zip Code)

Name: _____ Telephone: _____
Address: _____
(City, State, Zip Code)

Name: _____ Telephone: _____
Address: _____
(City, State, Zip Code)

Name: _____ Telephone: _____
Address: _____
(City, State, Zip Code)

Name: _____ Telephone: _____
Address: _____
(City, State, Zip Code)

Additional Information: _____

CHILDREN'S FUNERAL SERVICE INSTRUCTIONS

Funeral Home: _____

Service Location: Church or Synagogue Funeral Home Gravesite

Church or Synagogue Preference: _____

Clergyman: _____

Lodge/Veteran Service By: _____

Floral Request: _____

Obituary: Yes No

Music Selections: 1. _____

2. _____

3. _____

4. _____

Clothing: _____

Jewelry: _____

Glasses On: Yes No

Other Instructions: _____

Pallbearers:

1. _____

Name

Address

Telephone

2. _____

3. _____

4. _____

5. _____

6. _____

CHILDREN'S HISTORICAL INFORMATION (OBITUARY)

Education: _____ Years: _____ Degrees: _____

Fraternity or Honor Society: _____ Years: _____ Position Held: _____

Military: _____ Years: _____ Rank: _____

Civic or Public Offices Held: _____ Years: _____ Where: _____

Special Achievement or Recognition: _____

Other: _____

TO MY FAMILY

I have completed this guide and made other arrangement for the express purpose of relieving you, insofar as possible, of the financial and emotional burden with which most of us are so unfamiliar.

Signed: _____ Dated: _____

PERSONS TO BE NOTIFIED

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____

PERSONS TO BE NOTIFIED

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Name: _____ Telephone: _____

Address: _____

HUSBAND'S MEDICAL HISTORY

This information is especially important for your spouse, children and grandchildren as physicians often ask for it. It is also suggested you keep an updated copy of your medical records for your family.

I have had medical treatment for:

YES NO

- Cancer
- Tuberculosis
- Kidney Disorder
- Diabetes
- Circulatory
- Heart

I am allergic to the following drugs:

1. _____
2. _____
3. _____
4. _____

Physician: _____ Telephone: _____

Address: _____
(City, State, Zip Code)

Additional Remarks:

WIFE'S MEDICAL HISTORY

This information is especially important for your spouse, children and grandchildren as physicians often ask for it. It is also suggested you keep an updated copy of your medical records for your family.

I have had medical treatment for:

YES NO

- Cancer
- Tuberculosis
- Kidney Disorder
- Diabetes
- Circulatory
- Heart

I am allergic to the following drugs:

1. _____
2. _____
3. _____
4. _____

Physician: _____ Telephone: _____

Address: _____
(City, State, Zip Code)

Additional Remarks: _____

HUSBAND'S ESTATE INFORMATION

WILL

I have a Will: Yes No

Will dated:

Will Location:

Executor:

Telephone:

Address:

Attorney:

Telephone:

Address:

Additional Information:

BANKING

Bank:

Branch:

Type of Account: Checking #: Savings

#:Bank: Branch:

Type of Account: Checking #: Savings #:

Other:

Type of Account: Checking #: Savings

#:Safety Deposit Box Location

Box Number:

Additional Information:

HUSBAND'S REAL ESTATE

Description: _____

Deed Location: _____

Description: _____

Deed Location: _____

Description: _____

Deed Location: _____

Additional Instructions: _____

INSURANCE

Notify the following insurance Companies, Organizations, etc. paying death benefits

Name: _____ Policy Number: _____

Name: _____ Policy Number: _____

Name: _____ Policy Number: _____

Name: _____ Policy Number: _____

Name: _____ Policy Number: _____

Name: _____ Policy Number: _____

Name: _____ Policy Number: _____

Name: _____ Policy Number: _____

Additional Instructions: _____

HUSBAND'S RECORD OF ACCOUNTS

Credit Cards

Name	Card Number
Name	Card Number
Name	Card Number
Name	Card Number
Name	Card Number
Name	Card Number
Name	Card Number
Name	Card Number

Savings Account

Name	Account Number
Name	Account Number
Name	Account Number
Name	Account Number
Name	Account Number
Name	Account Number

Other Savings / Investments

Name	Account Number
Name	Account Number
Name	Account Number
Name	Account Number
Name	Account Number
Name	Account Number

WIFE'S ESTATE INFORMATION

WILL

I have a Will: Yes No

Will dated: _____

Will Location: _____

Executor: _____ Telephone: _____

Address: _____

Attorney: _____ Telephone: _____

Address: _____

Additional Information: _____

BANKING

Bank: _____ Branch: _____

Type of Account: Checking #: _____ D Savings #: _____

Bank: _____ Branch: _____

Type of Account: D Checking #: _____ Savings #: _____

Other: _____

Type of Account: Checking #: _____ Savings #: _____

Safety Deposit Box Location: _____

Box Number: _____

Additional Information: _____

WIFE'S REAL ESTATE

Description:

Deed Location:

Description:

Deed Location:

Description:

Deed Location:

Additional Instructions:

INSURANCE

Notify the following insurance Companies, Organizations, etc. paying death benefits

Name:

Policy Number:

Name:

Policy Number:

Name:

Policy Number:

Name:

Policy Number:

Name:

Policy Number:

Name:

Policy Number:

Name:

Policy Number:

Name:

Policy Number:

Additional Instructions:

PERSONAL PROPERTY INVENTORY

It is important to protect your personal property by listing it below. Be sure to record the appropriate ID/Serial Number when available. Also, it is recommended that you photograph your valuables, especially jewelry. The engraving of your Social Security number on your property makes it easier to recover stolen property.

Item	<u>Description</u>	Serial I. D Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		

Item	Description	Serial I. D Number
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		
39.		
40.		
41.		
42.		
43.		
44.		
45.		
46.		
47.		
48.		
49.		
50.		

LOCATION OF IMPORTANT PERSONAL DOCUMENTS

Birth certificate: _____

Marriage certificate: _____

Divorce decree: _____

Military records/DD Form 214: _____

Passports: _____

Adoption papers: _____

Citizenship documents: _____

Will: _____

Stocks and Bonds certificates: _____

Trust fund information: _____

Negotiable papers: _____

Automobile insurance policies and titles: _____

Homeowners insurance policy: _____

Mortgage: _____

Deeds to home: _____

Income tax report information and receipts: _____

Safety Deposit Box and person who has access to it: _____

VETERANS

Husband's SSN/Serial Number: _____

Wife's SSN/Serial Number: _____

Location of nearest Veterans Administration Office: _____

BURIAL BENEFITS PAYABLE

1. A burial and funeral expense allowance may be paid for deceased veterans entitled to receive pension or compensation, or for veterans who would have been entitled to receive compensation but for the receipt of military retired pay.
2. An interment or burial allowance may be paid if eligible for the following:
 - A. Deceased Veterans
 - B. Veteran of any war
 - C. Veterans discharged from active duty because of disability incurred or aggravated in the line of duty and not buried in a national cemetery.
3. A marker allowance will be paid when a veteran's family provides the memorial instead of utilizing the Veterans' Administration's issued government memorial.
4. An American flag to drape the casket of an eligible veteran may be provided upon request.
5. An application for any type of burial benefits must be filed within two (2) years after burial.
6. There are other survival benefits for spouse and dependent children that may be applied for. Inquire at your local Veteran's Administration Office or visit their website: <http://www.va.gov/>

Information on VAA Benefits	1-800-827-1000
Life Insurance	1-800-669-8477
Veterans Group Life Insurance	1-880-419-1473
Pacific Address for VA	Philippines Regional Office PSC 501 FPO, AP 96515

ADDITIONAL INFORMATION

SOCIAL SECURITY

Husband's Social Security number:

Wife's Social Security number:

Location of Nearest Social Security Office:

1. A lump sum payment may be made when an eligible person dies. This payment can only be made if there is an eligible surviving widow, widower, or entitled child. Also, survivor's checks may go to certain members of a worker's family.
2. To facilitate receiving Social Security benefits, you will need the following documents when contacting the Social Security Office:
 1. SSN
 2. Marriage License
 3. Children's Birth Certificates
 4. W2 last two years
 5. Proof of widow's age if 62 or older
 6. Death certificate
3. An application for the lump sum death payments usually must be made within two years after the worker's death. Do not delay applying because you do not have all the proof of information. The people in the Social Security Office will tell you about other proof of information that can be used when you apply.
4. It is a good idea to check your record every three years to make sure that earnings are being correctly reported to your record. Information on additional benefits may be at the following website:
<http://www.ssa.gov>.

Information on SSN Benefits	301-2000-ext 2542
FAX	522-1514
Address:	Social Administration US Embassy 1201 Roxas Boulevard Manila, Philippines 1000

WILL

If you die without a will, the state law and the courts determine who will administer your estate, manage financial matters and act as guardian for your minor children. With a will, you can choose.

In some instances, joint ownership of property may not be a good substitute for a carefully drafted will. As a result of a common accident, both you and your spouse may die before the survivor has an opportunity to execute a proper will and the property will pass according to state law.

The law is very exacting in its requirements with respect to the publication, signing and witnessing of wills. It is recommended that this matter be managed by a competent attorney. Homemade wills often do not stand up in court.

You should review your will every few years, particularly if you have moved or if your family situation has changed since you last executed a will. State laws vary as to formal requirements and as to the rights of children and grandchildren born after a will was executed.

When you realize how much is at stake... the well-being of your entire family and the protection of your property...you will find that the attorney's fee for drafting your will and planning your estate is a worthwhile investment.

Husband:(Location and date of will)

Wife:(Location and date of will)

Husband Executor (Name and telephone)

Husband Attorney (Name and telephone)

Wife Executor (Name and telephone)

Wife Attorney (Name and telephone)

WEB LINKS

Department of Veterans Affairs: https://www.va.gov/
Defense Finance and Accounting: https://www.dfas.mil/
National Personnel Records Center: https://www.archives.gov/veterans
Social Security Administration: https://www.ssa.gov/
TRICARE Web Site: https://www.tricare.mil/
TRICARE for Life: https://www.tricare.mil/tfl
TRICARE Plus: https://www.tricare.mil/Plans/SpecialPrograms/Plus
Medicare Part B: https://www.medicare.gov
SURVIVOR ASSISTANCE CENTERS
Grief and Healing Homepage: https://www.webhealing.com
Gold Star Wives: https://www.goldstarwives.org
Tragedy Assistance Program for Survivors: https://www.taps.org
The Compassionate Friends: https://www.compassionatefriends.org

DEFENSE FINANCE ACCOUNTING SYSTEM (DFAS)

DFAS-Cleveland	Customer Service	1-800-321-1080
	Commercial	(216)-522-5955
	Customer Service Fax	1-800-469-6559

Address: Defense Finance and Accounting Service
US Military Annuitant Pay
P.O. Box 7131
London, KY 40742-7131

A Family Protection Plan



'To my Family with Love

