



# 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. For additional information, email beninfo@moaa.org, call MOAA's Member Service Center at (800) 234-MOAA (6622), or search the MOAA Web Base at www.moaa.org.

Cover: Steve Barrett

# **Table of Contents**

Introduction	3
Chapter   Personal Data Security	5
Chapter 2 Record Keeping	6
Chapter 3 Financial Information	14
Chapter 4 Insurance	18
Chapter 5 Wills and Other Arrangements	24

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# Introduction

"THE BIGGEST MISTAKE REGARDING RECORD-KEEPING IS NOT WRITING THINGS DOWN OR NOT REMEMBERING WHERE YOU WROTE IT DOWN."

— DAVID MELLUM

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 are 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 a 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.



- Email beninfo@moaa.org.
- Visit the MOAA Web Base at www .moaa.org/benefitsinfo.
- 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

# Chapter 1 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 wish 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 digital devices anywhere in the world. 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.

It is recommended the passwords you use 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

security. 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 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 the appropriate online accounts. This prevents the 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 you and your loved ones.

# Chapter 2 Record Keeping

ZELL	SPOUSE
Full name	Full name
Rank and service	Rank and service
Social Security number	Social Security number
Date of birth	Date of birth
Driver's license state, number, and expiration date	Driver's license state, number, and expiration date
Military ID expiration date	Military ID expiration date
Employer point of contact and phone number	Employer point of contact and phone number
Current address	
Date and state of marriage	
State of residence and home of record (if applicable)	
PREVIOUS MARRIAGES (IF ANY)	
To whom	To whom
Date and place	Date and place
How it ended and place	How it ended and place

# ADULT CHILDREN AND OTHER RELATIVES (Download more copies at www.moaa.org/publications.)

Full name	Full name
Relationship	Relationship
Phone number	Phone number
Social Security number	Social Security number
Place of birth	Place of birth
School/employer	School/employer
Contact number	Contact number
Current address (if applicable)	Current address (if applicable)
Full name	Full name
Relationship	Relationship
Phone number	Phone number
Social Security number	Social Security number
Place of birth	Place of birth
School/employer	School/employer
Contact number	Contact number
Current address (if applicable)	Current address (if applicable)

# **MEDICAL**

Military treatment facility and phone number	
Web address	Username/login
	Password
Primary care provider and phone number	
Web address	Username/login
	Password
TRICARE phone number (if applicable)	
Web address	Username/login
	Password
Other primary care provider and phone number	
Family dentist and phone number	
Eye doctor and phone number	
Other doctor and phone number	
VA hospital and phone number (if applicable)	

# **PHARMACIES**

Military pharmacy phone number		
Web address	 Username/login	
	Password	
Local pharmacy phone number		
Web address	Username/login	
	Password	
Mail-order pharmacy phone number		
Web address	Username/login	

# **EDUCATION**

SELF	SPOUSE
Institution(s) attended	Institution(s) attended
Year(s)	Year(s)
Degree(s) conferred	Degree(s) conferred
EMPLOYMENT	
SELF	SPOUSE
Employer	Employer
Address	Address
Point of contact name and contact information	Point of contact name and contact information
Title	Title
Phone number	Phone number
Email address	Email address
Human resources department contact information (if active duty, ombudsman or family readiness group contact information)	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	Contact information
Membership number	Member since
Name of association or club	Contact information
 Membership number	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 safe, a safe-deposit box, or some other secure location.

### **SOCIAL SECURITY**

SBP base amount

	Assa.gov. If you have questions about a specific situation, ssa.gov, clicking "Contact Us" from the menu at the top of ZIP code.
Local Social Security Administration office	Contact information
Location of Social Security cards	
Current monthly benefit (self)	Current monthly benefit (spouse)
MILITARY SERVICE RECORDS	
	in the Army, Marine Corp, Navy, Air Force, and Coast eral information or to make or check on a request. You also tary-personnel/index.html.  Form 214, DD Form 215, individual performance
Military branch	Date entered service
Date of retirement	Location of DD Form 214/215 and other records
military pay and sbp	
Plan (SBP). To learn more, visit www.dfas.mil or call a D	rovides payment for military pay and the Survivor Benefit PFAS customer service representative at (888) 332-7411 (selectivary pay statements at https://mypay.dfas.mil/mypay.aspx.
Monthly retired pay	SBP survivor's annuity
Monthly VA pay	My Pay Statement login/email address

Note: DFAS passwords expire every 150 days. Answers to security questions might be required to reset your password online.

Password

# VA INFORMATION (WWW.VA.GOV)

Local veterans' service organization	Contact name	
Phone number	Address	
Location of VA records	Disability	
VA claim number	Beneficiary	
Disability award date	Current monthly benefit	
VA GI bill benefit		
Post-9/11 GI Bill benefit transferred		
VA eBenefits username/login		

Access the eBenefits homepage by visiting https://www.ebenefits.va.gov/ebenefits\_portal/ebenefits.portal.

### ADDITIONAL DOCUMENTS OF IMPORTANCE

List where you keep the following, as applicable:

Deeds

Birth certificates of each family member Mortgages Medical and immunization records Loans Passport (record passport number, if desired) Insurance Other property titles Adoption papers Credit cards Naturalization papers Wills, powers of attorney, or advance directives Divorce decree, death certificate, or certified copies thereof for either spouse Funeral desires Marriage certificate 529 accounts Car titles

Investments (stocks, bonds, or 401(k) and retirement plans)

# Chapter 3 Financial Information

**INCOME TAX** 

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 or becomes unable to make decisions about the account.

# 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 To account From account Mortgage Vehicle(s) From account Credit cards From account **Utilities** From account Insurance From account Other Other

### FINANCIAL AND RETIREMENT ACCOUNTS AND ANNUITIES

Include checking, savings, and credit union accounts (and accounts in children's names). Financial institution Phone number Username/login **Password** Account numbers and owner Financial institution Phone number Username/login Password Account numbers and owner Financial institution Phone number Username/login **Password** Account numbers and owner Financial institution Phone number Username/login **Password** Account numbers and owner Financial institution Phone number Username/login **Password** 

Account numbers and owner

# **CREDIT CARDS**

Name of creditor	Account number
Cardholder names	Phone number
Website	Username/login and password
Name of creditor	Account number
Cardholder names	Phone number
Website	Username/login and password
Name of creditor	Account number
Cardholder names	Phone number
Website	Username/login and password
Name of creditor	Account number
Cardholder names	Phone number
Website	Username/login and password
Name of creditor	Account number
Cardholder names	Phone number
Website	 Username/login and password

# ASSETS, LOANS, AND OTHER LIABILITIES (Download more copies at www.moaa.org/publications.)

Description of Asset			
Owner	□ self □ spouse □ joint □		
If joint, what kind? □ survivorship □ common □ ent □ other w/client □ other w/spou			
	□ other w/client □ other w/spous	e	
Lender and account i	number	Date and amount of original loan	
zender and account		Date and amount of original four	
Length of loan and ir	nterest rate	Monthly payment	
Lender website		Lender username and password	
Insurance company a	nd account	Insurance premium payment	
Insurance website		Insurance username and password	
Owner	□ client □ spouse □ joint		
If joint, what kind?			
Lender and account i	number	Date and amount of original loan	
Length of loan and ir	nterest rate	Monthly payment	
Lender website		Lender username and password	
Insurance company a	nd account	Insurance premium payment	
Insurance website		Insurance username and 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, long term care, and specialized policies for specific circumstances such as cancer.

In the event of the death of a policy holder or a beneficiary, notify the insurance companies promptly to avoid unnecessary costs. Each private insurance company will require a certified copy of the death certificate.

### LIFE INSURANCE

SELF	SPOUSE
Insurance company	Insurance company
Insurance company phone number	Insurance company phone number
Website	Website
Username/login and password	Username/login and password
Policy number(s)	Policy number(s)
Type of policy and expiration	Type of policy and expiration
Name of insured	Name of insured
Name of beneficiary	Name of beneficiary
Owner	Owner
Death benefit and loans (if any)	Death benefit and loans (if any)

### LONG TERM CARE INSURANCE

SELF	SPOUSE
Insurance company	Insurance company
Phone number	Phone number
Website	Website
Username/login	Username/login
Password	Password
Policy number	Policy number
Elimination period	Elimination period
Daily benefit	Daily benefit
Lifetime benefit	Lifetime benefit
Home health care provision ☐ Yes ☐ No	 Home health care provision □ Yes □ No

MOAA offers many insurance plans to members, including life and long term care insurance and a TRICARE supplemental plan called MEDIPLUS<sup>®</sup>. Visit www.moaainsur ance.com to learn more about plan details and the low group rates offered.



# 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 percent of basic pay,

with your SBP beneficiary drawing 55 percent of that amount. For most on active status, this equates to approximately 41 percent 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. There, you'll also find publications to help military survivors.

#### **HEALTH INSURANCE**

TRICARE (WWW.TRICARE.MIL)

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.

Regional provider	Phone number
Sponsor's beneficiary number	Region Web login and password
OTHER MEDICAL INSURANCE	
SELF	SPOUSE
Insurance company	Insurance company
Phone number	Phone number
Website	Website
Username/login	Username/login
Password	Password
Policy number	Policy number
Name(s) of insured	Name(s) of insured
Annual deductible	Annual deductible
Copayment	Copayment

## **DENTAL INSURANCE**

SELF	SPOUSE
Insurance company	Insurance company
Insurance company phone number	Insurance company phone number
Website	Website
Username/login and password	Username/login and password
Policy number	Policy number
Name(s) of insured	Name(s) of insured
Annual deductible	Annual deductible
Copayment	Copayment
VISION INSURANCE	
SELF	SPOUSE
Insurance company	Insurance company
Insurance company phone number	Insurance company phone number
Website	Website
Username/login and password	Username/login and password
Policy number	Policy number
Name(s) of insured	Name(s) of insured
Annual deductible	Annual deductible
Copayment	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. 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. Another option is to check MOAA's Lawyer Listing service (www.moaa.org/lawyerlisting) to find an attorney — a fellow MOAA member — who will give you a 25-percent discount.

#### **WILLS**

SELF	SPOUSE
$\hfill\Box$ I have executed a will $\hfill\Box$ I have not executed a will	$\hfill\Box$ I have executed a will $\hfill\Box$ I have not executed a will
Will is kept at	Will is kept at
Executor's name and contact information	Executor's name and contact information
Lawyer's name and contact information	Lawyer's name and contact information
☐ I have executed a living will/advanced directive ☐ I have not executed a living will/advanced 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.)	☐ I have executed a living will/advanced directive ☐ I have not executed a living will/advanced 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/advanced directive is kept at	Living will/advanced directive is kept at
Executor's name and contact information	Executor's name and contact information
Lawyer's name and contact information	Lawyer's name and contact information

# **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	SPOUSE
☐ I have executed a general power of attorney ☐ I have not executed a general power of attorney	☐ I have executed a general power of attorney ☐ I have not executed a general power of attorney
Туре	Туре
Date established/expiration date	Date established/expiration date
Power of attorney information is kept at	Power of attorney information is kept at
Naming (agent or attorney in fact)	Naming (agent or attorney in fact)
Address	Address
Contact information	Contact information

# **POWERS OF ATTORNEY**

SELF	SPOUSE
☐ I have executed a health care power of attorney ☐ I have not executed a health care power of attorney	☐ I have executed a health care power of attorney ☐ I have not executed a health care power of attorney
Туре	Туре
Date established/expiration date	Date established/expiration date
Power of attorney information is kept at	Power of attorney information is kept at
Naming (agent or attorney in fact)	Naming (agent or attorney in fact)
Address	Address
Contact information	Contact information
SELF	SPOUSE
☐ I have executed a living will/advanced medical directive power of attorney ☐ I have not executed a living will/advanced medical directive power of attorney	☐ I have executed a living will/advanced medical directive power of attorney ☐ I have not executed a living will/advanced medical directive power of attorney
Туре	Туре
Date established/expiration date	Date established/expiration date
Power of attorney information is kept at	Power of attorney information is kept at
Naming (agent or attorney in fact)	Naming (agent or attorney in fact)
Address	Address
Contact information	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 to review the full list of titles.

Other resources include the VA (www.va.gov); the Tragedy Assistance Program for Survivors, or TAPS (www.taps.org); and the Armed Forces Services Corp. (www.afsc-usa.com).

Your survivors will have to make many decisions at this time, and it will be easier if you've made your wishes known. Following are some choices to consider.

# NOTIFICATION Whom do you want to be informed of your death? 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.)

# **FUNERAL**

my will or the applicable laws, I suggest my executor and/or next of kin do the following:"	
Funeral home	Phone number
Point of contact	Address
Military ceremony and honors	
Uniform/dress	
Hymns, Psalms, scripture, special service requests	
Pallbearers	
Flowers (or in lieu of flowers)	
OBITUARY NOTICE	
A biographical sketch will be helpful in prepa now will save time and confusion when the ti	ring an obituary news story. A photo should be attached. Doing thi me comes.

#### MAKE THE MOST OF YOUR MOAA MEMBERSHIP

Experience MOAA's powerful array of resources and member benefits designed to help you through every aspect of life.

**Legislative advocacy** — Your membership helps support MOAA's critical advocacy efforts for better pay, health care, family support, and retirement benefits for military officers and their families.

**Expert advice on issues important to you** — Take advantage of Premium and Life members-only programs designed to help you advance your career, secure your financial future, and make the most of your hard-earned military benefits.

**Affordable insurance products** — Now you can get affordable member rates on life, health, and long term care insurance plans that supplement your earned benefits.

**Financial services** — Access powerful online tools as you make decisions about debt management, college savings, mortgage comparisons, retirement planning, and more.

**Military Officer** — Look at today's issues from a military officer's perspective, get updates on your earned benefits, and read about what MOAA is doing for you.

**Money-saving discounts** — Enjoy exclusive members-only discounts on Dell and Apple computers, hotels, car rentals, vacation packages, and more.

**Scholarships and grants** — MOAA offers scholarships and grants for military children seeking undergraduate degrees.

For more information about MOAA member benefits and services, please visit us at www.moaa.org/products.

#### **MOAA PUBLICATIONS**

For more than 85 years, MOAA has been fighting for the interests of military members and their families. We understand the challenges you face because we're officers just like you and we're ready to share our expertise and experience. The MOAA library of guides and reference tools is available to help you navigate the challenges that arise at each stage of life.

Benefits Planning Guide

Financial Planning Guide

The MOAA Investors' Manual

Transition Guide

FOR MORE INFORMATION
ABOUT MOAA PUBLICATIONS,
CALL (800) 234-MOAA (6622)
OR VISIT US ONLINE AT
WWW.MOAA.ORG.



#### **Military Officers Association of America**

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