



SURVIVOR

Road

Map

## Table of Contents

### **Planning Ahead: What can I do to prepare?**

Location of Records Checklist.....	3
Family Records and Information .....	3
Wills and Safe Deposit Boxes.....	4
Insurance and Annuities.....	5
Benefits Available Upon My Death.....	7
Benefits Available Upon My Spouse’s Death .....	8
Sources of Immediate Cash/Care of Dependent Children .....	9
Trusts and Real Estate Information.....	10
Financial Assets .....	11
Business, Farm, or Other Enterprise Information .....	11
Personal Effects .....	12
Funeral and Burial Preferences.....	13
People to Notify .....	14
Obituary Information .....	15
Additional Instructions and Information.....	16

### **When a Loved One Dies: What do I do next?**

#### *In the Days to come ... Making Funeral Arrangements*

People to Notify Immediately:.....	17
The Funeral Service .....	17
Funeral Expenses .....	18

#### *In the Weeks and Months to come ... Settling the Estate*

Advisors to Contact: .....	19
Last Illness Expense Coverage .....	19
Funeral and Final Disposition Expenses Coverage .....	19
Anticipated Expenses and Income Sources .....	20
Benefits Available and How to Apply .....	22
Existing Debts and Other Major Financial Concerns .....	25
A Guide to Conducting Financial Affairs in the Future .....	26

### **Survival Guide: How do I apply for survivor benefits?**

Template 1 – To Health Insurance Company .....	31
Template 2 – To Life Insurance Company .....	33
Template 3 – To Employer .....	35
Template 4 – To Former Employer .....	37
Template 5 – To Social Security Administration .....	39
Template 6 – To Veterans’ Administration (for government life insurance).....	41
Template 7 – To Veterans’ Administration (for other V.A. benefits) .....	43
Template 8 – To Organization .....	45
Template 9 – To Civil Service Commission.....	47

<b>Sources of Information .....</b>	<b>49</b>
-------------------------------------	-----------

You spent your entire senior year of high school planning your move out of your parent's house and off to your dream college. You spent endless hours talking to advisors and career counselors planning your career. You spent countless coffee dates with your mom planning the perfect wedding day. You spend weeks and months planning your family reunions and vacations. It is natural to want to plan for the fun and exciting times in life, but have you prepared for the unpleasant times as well? Have you planned for the time when you will no longer be around?

Like many others, you and your family may never have discussed the numerous issues surrounding the death of a loved one. Do you have a final will and testament drawn up? Have you discussed options such as assisted living, nursing homes and final illness hospitalization? Have you talked about funeral arrangements and preferences? Do you know where all important financial information and accounts are located? Have you discussed how the family's heir looms, possessions and wealth will be distributed? Do you have a financial plan set in place for the increased expense and decreased income that accompany the death of a spouse?

Such issues rarely come up naturally in day-to-day conversations. This booklet is created for just that purpose. Use it as a starting point for family discussions. So invite the family over for a leisurely Sunday afternoon barbecue. Or send out handwritten invitations and make it a more formal occasion. Whatever your family's style is, set aside some time for a productive and positive conversation about the future. Once you have everyone together, bring out this booklet, and starting planning for the future.

The first section of this booklet, *Planning Ahead*, will help you organize all your important documents and account information so that others can easily take over in your absence. The second section, *When a Loved One Dies*, is designed to walk you through the important issues and facilitate family discussion. The final section, *Survival Guide*, includes a number of template letters that will be helpful in requesting survivor benefits after the death of a loved one. Though this booklet will be a great asset, qualified financial and legal advisors can offer advice regarding your family's unique situation as well as specific state laws regarding burial, taxation, and insurance. Like an extended family member, a trusted financial advisor can offer experience and support while you navigate through the challenging decisions ahead.

## Planning Ahead: What can I do to prepare?

### Location of Records Checklist

*Records*

*Location*

Annuities \_\_\_\_\_

Bank book, check book \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Business agreements or contracts \_\_\_\_\_

Car registration and title \_\_\_\_\_

Certificate of deposit \_\_\_\_\_

Employment records \_\_\_\_\_

Household financial records \_\_\_\_\_

Insurance policies \_\_\_\_\_

Military service records \_\_\_\_\_

Money market accounts \_\_\_\_\_

Mutual funds \_\_\_\_\_

Notes payable and receivable \_\_\_\_\_

Real estate deeds \_\_\_\_\_

Social Security number \_\_\_\_\_

Software passwords, codes \_\_\_\_\_

\_\_\_\_\_

Stocks, bonds, securities portfolio \_\_\_\_\_

Tax records and receipts \_\_\_\_\_

V.A. claim number \_\_\_\_\_

W-2 forms and other records of earnings \_\_\_\_\_

Wills \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Family Records and Information

*About the family*

My name \_\_\_\_\_

Place and date of birth \_\_\_\_\_

Spouse's/Partner's name \_\_\_\_\_

Place of date of birth \_\_\_\_\_

Children (full name, place and date of birth) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other family (full name, place and date of birth) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Family records location***

Birth certificates \_\_\_\_\_

Household financial records \_\_\_\_\_

Marriage certificate(s) \_\_\_\_\_

Medical records \_\_\_\_\_

Military service records \_\_\_\_\_

Tax records and receipts \_\_\_\_\_

Vehicle registration and title \_\_\_\_\_

W-2 forms and other records of earnings \_\_\_\_\_

Other important family records (nonfinancial, personal) \_\_\_\_\_  
\_\_\_\_\_

**Wills and Safe Deposit Boxes**

***Wills***

I have a will.

I do not have a will. (NOTE: if you do not have a will, it is crucial to create one now!)

Original and copies of my will are located at: \_\_\_\_\_  
\_\_\_\_\_

Executor's name, address, and telephone number \_\_\_\_\_  
\_\_\_\_\_

Name of attorney, address, and telephone number \_\_\_\_\_  
\_\_\_\_\_

Every adult in my family has a will.

Someone in my family does not have a will. (NOTE: if a family member does not currently have a will, it is crucial to create one now!)

Original and copies of my family's wills are located at: \_\_\_\_\_  
\_\_\_\_\_

Executor's name, address, and telephone number \_\_\_\_\_  
\_\_\_\_\_

Name of attorney, address, and telephone number \_\_\_\_\_  
\_\_\_\_\_

Name of financial advisors, accountants, their addresses and telephone number \_\_\_\_\_  
\_\_\_\_\_

**Safe deposit boxes**

It is held in my name only

It is held jointly with \_\_\_\_\_

Box number \_\_\_\_\_

Name and location of bank \_\_\_\_\_

Location(s) of keys \_\_\_\_\_

\_\_\_\_\_

**Insurance and Annuities**

**Life Insurance**

We have the following life and life/long-term care insurance policies:

<i>Insurance Company</i>	<i>Policy Number</i>	<i>Owner</i>	<i>Face Value</i>	<i>Beneficiary</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other family members:

<i>Insurance</i>	<i>Policy Number</i>	<i>Face Value</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Government life insurance**

I served in the (branch of service) \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_ and received the following type of

discharge: \_\_\_\_\_

My serial number was \_\_\_\_\_

The status of my government life insurance is as follows (expired or still in force; face amount):\_

\_\_\_\_\_

\_\_\_\_\_

The policy is located at \_\_\_\_\_

\_\_\_\_\_

***Other government sources***

My family will be eligible for the following benefits:

- Civil Service
  - Railroad Retirement
  - Veteran's non-service-connected death
  - Active military or veteran's service-connected death
  - Benefits because of my employment by state or local government \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

My V.A. claim number is \_\_\_\_\_

Records and documents needed to apply for benefits are located at \_\_\_\_\_

\_\_\_\_\_

***Membership organizations***

Because of my membership in various organizations (union, trade associations, fraternal benefit society, etc.) my survivors may be eligible for certain benefits. The organizations and benefits are as follows:

<i>Organization</i>	<i>Type of benefits</i>
_____	_____
_____	_____
_____	_____

The papers needed to apply for such benefits are located at \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Health Insurance***

We have the following health insurance policies (hospitalization, disability income, accident, long-term care, etc.):

<i>Insured</i>	<i>Insurance Co.</i>	<i>Policy Number</i>	<i>Type of Insurance</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Annuities**

We have the following annuities:

<i>Insurance Co.</i>	<i>Policy Co.</i>	<i>Annuitants</i>	<i>Beneficiary</i>

**Property/casualty insurance**

We have the following types of insurance (homeowners, automobiles, personal liability, business coverages, etc.):

<i>Insurance Company</i>	<i>Policy Number</i>	<i>Type of Insurance</i>

Policies for all insurance coverages and annuities are located \_\_\_\_\_

**Benefits Available Upon My Death**

**Available Death Benefits, Present Employer**

My employer is (name, address, and telephone number) \_\_\_\_\_

My family may be eligible for the following benefits from my employer upon my death (check all that apply):

- Group life insurance
- Group health insurance (death benefit)
- COBRA continuation benefits)
- Pension (survivors' benefits)
- Unpaid salary
- Deferred compensation arrangement
- Credit union deposits
- Other \_\_\_\_\_

If I am killed on the job, additional benefits may be payable to my family from:

- Workmen's compensation
- Accidental travel insurance, common carrier insurance, tickets purchased by credit card
- Other \_\_\_\_\_

***Past employer***

Because of my previous employment there, I have a vested interest in the pension plan or other benefits at: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Papers needed to apply for benefits are located at: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***Social Security***

The Social Security Administration offers a variety of benefits. Call 1 (800) 772 – 1213 for help in calculating the dollar amounts below and for complete details on all Social Security benefits.

A lump sum burial benefit of \$255 may be payable to my spouse or children.

Social Security may provide my spouse, ex-spouse, and/or children a monthly benefit of \$ \_\_\_\_\_

Social Security may provide a lifetime of income for my spouse of \$ \_\_\_\_\_ beginning at age \_\_\_\_\_.

My Social Security number \_\_\_\_\_

Spouse’s Social Security number \_\_\_\_\_

Children’s Social Security number(s) \_\_\_\_\_

Other family’s Social Security number(s) \_\_\_\_\_

\_\_\_\_\_

**Benefits Available Upon My Spouse’s Death**

***Spouse’s present employer***

Employer’s name, address, and telephone number \_\_\_\_\_

\_\_\_\_\_

Upon my spouse’s death, the family may be eligible for the following benefits: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Spouse’s past employer***

Because of previous employment, my spouse has a vested interest in the pension plan or other benefits at: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Spouse or Ex-spouse's Social Security***

The Social Security Administration offers a variety of benefits. Call 1 (800) 772 – 1213 for help in calculating the dollar amounts below and for complete details on all Social Security benefits.

A lump sum burial benefit of \$255 may be payable to me or children.

Social Security may provide me and/or children a monthly benefit of \$ \_\_\_\_\_

Social Security may provide a lifetime of income for me of \$ \_\_\_\_\_ , beginning at age \_\_\_\_\_ .

My spouse's Social Security number \_\_\_\_\_

Children's Social Security number(s) \_\_\_\_\_

Other family's Social Security number(s) \_\_\_\_\_

***Other sources of benefits***

The following benefits may also be available (type and source of benefits): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Sources of Immediate Cash/Care of Dependent Children**

***Sources of immediate cash***

During the period immediately following my death, the best sources for my family to obtain cash for immediate needs are as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

During the period immediately following my spouse's death, the best sources for me to obtain cash to meet the additional expenses are as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Care of dependent children***

In the event my spouse and I both die while our children are young, the following arrangements have been made on their behalf (give name, relationship, address, and telephone number of guardian and describe trust arrangements, if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Or, my will contains the following guardianship designation and trust arrangements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Or, no official arrangements have been made to date, but my spouse and I would hope that the following arrangements can be made: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Trusts and Real Estate Information**

#### ***Trust(s) that I have set up:***

\_\_\_\_\_  
\_\_\_\_\_

The bank, trust company, or other fiduciary \_\_\_\_\_

Trust officer \_\_\_\_\_ Telephone number \_\_\_\_\_

The trust is funded \_\_\_\_\_ unfunded \_\_\_\_\_

#### ***Trust(s) my spouse has set up:***

\_\_\_\_\_  
\_\_\_\_\_

The bank, trust company, or other fiduciary \_\_\_\_\_

Trust officer \_\_\_\_\_ Telephone number \_\_\_\_\_

The trust is funded \_\_\_\_\_ unfunded \_\_\_\_\_

#### ***Real estate owned***

Our home is at: \_\_\_\_\_

It is owned  jointly by \_\_\_\_\_  singly by \_\_\_\_\_

Mortgagor \_\_\_\_\_ Telephone number \_\_\_\_\_

Location of mortgage or deed \_\_\_\_\_

We have a second home at: \_\_\_\_\_

It is owned  jointly by \_\_\_\_\_  singly by \_\_\_\_\_

Mortgagor \_\_\_\_\_ Telephone number \_\_\_\_\_

Location of mortgage or deed \_\_\_\_\_

Other real estate owned (excluding business, farm, or other enterprise) \_\_\_\_\_

\_\_\_\_\_

**Financial Assets**

***Bank accounts (Include Savings & Loan Association, Credit Union)***

<i>Checking, savings Certificates of deposit</i>	<i>Account number</i>	<i>Joint or individual owner</i>	<i>Name and location</i>
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Location of passbooks, checkbooks, cancelled checks, and statements \_\_\_\_\_

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***Stocks, Bonds, and Securities Portfolio***

Stocks, bonds, securities \_\_\_\_\_

Records located \_\_\_\_\_

Mutual fund companies \_\_\_\_\_

Records located \_\_\_\_\_

Money market account(s) \_\_\_\_\_

Record located \_\_\_\_\_

***Additional financial information***

Major debts (other than first mortgagees and revolving charge accounts): \_\_\_\_\_

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Money owed to us: \_\_\_\_\_

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Location of notes payables and receivables: \_\_\_\_\_

Other information: \_\_\_\_\_

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**Business, Farm, or Other Enterprise Information**

Name of business \_\_\_\_\_

Kind of business \_\_\_\_\_

Location \_\_\_\_\_

Percentage of ownership (%) \_\_\_\_\_

Form of business (sole proprietorship, partnership, corporation) \_\_\_\_\_

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Other owners (if any): \_\_\_\_\_

Is the business subject to a buy/sell agreement? \_\_\_\_\_

Information on any other business interests or farms owned \_\_\_\_\_

Arrangements which have been made (or should be made after my death) in continuing or disposing of each business interest \_\_\_\_\_

Location of business books, records and pertinent papers \_\_\_\_\_

Additional information \_\_\_\_\_

Person or persons who could offer sound advice in carrying on the business, or operating the farm – or in disposing of the business or farm (names, addresses, and telephone numbers) \_\_\_\_\_

**Personal Effects**

In addition to any property or business owned jointly with me, my spouse owns the following property or business in her/his own name \_\_\_\_\_

In the event of my spouse's death, she/he wants the following disposition made of that property or business \_\_\_\_\_

***Personal effects***

At the discretion of my executor or next of kin, I suggest that the distribution of my personal effects (not covered in my will) be as follows (what it is and who is to receive it): \_\_\_\_\_

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***Spouse's personal effects***

At the discretion of my spouse's executor or next of kin, it is suggested that the distribution of my spouse's personal effects (not covered in the will) be as follows (what it is and who is to receive it): \_\_\_\_\_

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**Funeral and Burial Preferences**

***Personal funeral and burial preferences***

My personal funeral and burial preferences are: \_\_\_\_\_

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My wishes with regard to donating organs (including information on any arrangements that have been made): \_\_\_\_\_

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***Funeral and burial preferences for spouse***

My spouse's personal funeral and burial preferences are: \_\_\_\_\_

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My spouse's wishes with regard to donating organs (including information on any arrangements that have been made): \_\_\_\_\_

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**People to Notify**

***Relatives and friends***

Upon my death the following people should be notified immediately (names, addresses, and telephone numbers of closest relatives and friends including those who, in turn, will notify others): \_\_\_\_\_

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***Confidential advisors***

Upon my death, the following people should be notified (names, addresses, and telephone numbers of funeral directors, physician, attorney, life insurance agent, executor, employer, or business partner, etc.): \_\_\_\_\_

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Upon my spouse's death, the following people should be notified: \_\_\_\_\_

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## When a Loved One Dies: What do I do next?

In the days, weeks and months that follow the death of a spouse, there are many details which need to be attended to. Among other things, arrangements must be made for the funeral and settling the deceased's estate. Having a plan in place now for how to deal with such impending financial and legal decisions will relieve stress and allow more time for you and your family to celebrate and mourn the deceased's life and death.

### In the Days to come ... Making Funeral Arrangements

#### People to Notify Immediately:

- A local **funeral director** who can help take care of arrangements for transportation of the body, the funeral service and burial considerations. The funeral director will take responsibility for completing the death certificate, obtaining the burial permit, and sending a death notice to the local newspaper. He or she can also contact other funeral service participants (such as clergy or pallbearers).
- Close **relatives and friends** who will be of help and support. People should be informed promptly to give them an adequate opportunity to pay their final respects. It may be helpful to create a phone tree to then inform other acquaintances.
- **Employers and business associates** who will want to pay their respects, as well as tie up loose business ends. This will also give the employer the opportunity to begin reviewing the deceased's employee benefit package.

#### The Funeral Service

When discussing funeral preferences in advance, choices should be made in regards to the casket, visitation hours, the type of service (religious, fraternal, memorial, military, etc.), ethnic customs to be observed, where the service will be held, who will conduct the service, and what will be included in the program. The funeral director can assist in these decisions as well as choosing an interment option. If you choose ...

- **Earth burial** – you will need to choose a cemetery, purchase a cemetery lot, select a burial receptacle, and choose a marker or monument
- **Entombment** – you will need to select mausoleum and purchase a crypt.
- **Cremation** – you will need to determine the disposition of the cremated remains, which may include purchasing an urn and/or buying a niche in a columbarium to hold the urn.

Funeral Expenses

The cost of a funeral will vary from individual to individual, based on preferences and location. The table below illustrates the most commonly selected services and the average costs, according to the 2005 General Price List Survey conducted by the National Funeral Directors Association.

<b>Most Commonly Selected Funeral Items</b>	<b>Average Cost</b>
Non-declinable professional service charges.....	\$ 1460
Transfer of remains to funeral home.....	\$195
Embalming.....	\$498
Other preparation (cosmetology, hairdressing, casketing) .....	\$ 175
Visitation/viewing.....	\$ 339
Funeral at funeral home .....	\$ 395
Hearse (local).....	\$ 225
Service car/van.....	\$ 100
Acknowledgment cards.....	\$ 95
Casket, 18 gauge steel, sealer, velvet interior.....	\$ 2,100
<b>Average Total Funeral Cost:.....</b>	<b>\$ 5,582</b>

Other expenses (those not paid to the funeral director) vary and may include but are not limited to: interment or cremation expenses, an honorarium for the person conducting the service, flowers, and paid newspaper death notices. The table below outlines the average total costs for final disposition and funeral.

Choice of Final Disposition	Average Disposition Cost	Average Funeral Cost	Total Average Cost
<b>Earth Burial</b>	Median: \$1,650 Maximum: \$4,295	\$5,582	Median: \$7,232 Maximum: \$9,877
<b>Cremation</b>	Median: \$1,495 Maximum: \$3,895	\$5,582	Median: \$7,077 Maximum: \$9,477

## **In the Weeks and Months to come ... Settling the Estate**

### Advisors to Contact:

- An **attorney** who can assist with any financial, legal, and tax questions. Speaking with a competent attorney immediately will allow time to take the proper legal steps in the best interest of the family and the estate.
- An **accountant** who can help reevaluate the families financial situation and establish a new financial plan.
- A **life insurance agent** who can explain the various coverages and policy provisions and help file claims. Find a knowledgeable agent who will act in the best interest of the survivors and beneficiaries.

### Last Illness Expense Coverage

There are various insurance coverages available to pay for all or part of the inevitable hospitalization and doctors' bills often connected with terminal illness. Coverage may be provided by:

- **Employer-Provided Insurance Policies** – many employers provide hospitalization, surgical, major medical, and excess major medical insurance coverage to employees. Governmental employees very often have such programs, as well as trade and professional associations, fraternal orders, clubs, and other membership organizations. Check with every employer and group the deceased was involved with to see what coverages are provided and to what extent they will pay for last-illness expenses. Also inquire about any benefits that may be available to the surviving family members.
- **Individual Policies** – similar health coverage can also be purchased by individuals.
- **Spouse's Employer-Provided Insurance Policies** – the deceased may also be covered under his or her spouse's Employer-Provided Insurance Plan.

### Funeral and Final Disposition Expenses Coverage

Funeral and final disposition benefits may be available from:

- **Social Security** – will pay a one-time death benefit of \$255 if there is a surviving spouse, a child up to age 18 still in high school, a child disabled before age 22, or an ex-spouse supporting a child under age 16 or that was disabled before age 22.

- **Veterans' Administration** – may provide benefits to help with burial expenses if the deceased was in a V.A. hospital at the time of death or receiving a V.A. pension. Besides monetary reimbursement, veterans are entitled to a burial plot in a national cemetery, an American flag to be draped over the coffin, and a headstone or memorial marker upon request at no charge.
- **Burial insurance** – individuals may purchase burial policies, join burial societies, or preplan and prepay for the funeral service to cover expenses.

Funeral and burial costs not covered by these sources of benefits may be paid for through resources from the deceased's estate, immediate payment by survivors, or a plan from a local bank or funeral-financing service. Other expenses that must be made immediately include: flowers, a courtesy fee for the clergyman, rental of any extra transportation for funeral procession, and extra certified copies of the death certificate.<sup>1</sup>

#### Anticipated Expenses and Income Sources

When the deceased was a substantial contributor to the family income or if the surviving spouse's work has to be postponed to cope with death-related issues, alternative sources of income must be sought to cover expenditures. In addition to regular living expenses, many additional costs are incurred during the postmortem period including last-illness and funeral/interment fees. During the week before and after the funeral, be prepared for expenses such as long-distance phone calls, accommodations and food for out-of-town relatives and friends, funeral attire, filing claims, babysitters, etc. Such expenses can add up to a significant amount and it may be some time before the survivors receive any benefits, insurance proceeds, or any other funds to which they are entitled. Further, some prior sources of money may be inaccessible in the period immediately following a death:

- **Joint Savings & Checking Account** – the law in some states requires the bank to stop payment on any checks drawn on a joint checking account upon the death of one party. However, the bank can speak with tax authorities to allow a portion of the account to be released to cover the survivor's living expenses. A request can be filed with the bank for the release of these funds.

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<sup>1</sup> Death certificates are available from the state board of health and the treating hospital.

- **Safe Deposit Box** – if registered solely in the deceased’s name, the safe deposit box will be sealed upon his or her death and will remain so until a court order provides access to it or until probate is opened.
- **Charge Cards** – if held jointly with the deceased, charge cards may not be available to the surviving partner during this period. An attorney can help with this issue.
- **Other assets** – any assets owned by the deceased, or jointly with a survivor, should not be sold or converted to cash until probate is opened. The court will determine which assets will pass directly to the survivors and which will be used to pay off claims of creditors and federal and state taxes.

**Sources of Immediate Cash** (to be used for regular living expenses and other costs)

- A **Checking or Savings Account** in the survivor’s own name
- **U.S. Savings Bonds**, even held jointly with the decedent, may not be considered part of the deceased’s estate. If the need arises, contact your attorney to determine if your bonds can be cashed.
- The **deceased’s employer** may still owe the deceased wages, sick pay, accrued vacation time, bonuses, or commissions.
- A claim may be filed on a **life insurance policy** with the survivor as the named beneficiary. If a claim is filed on a larger policy, the beneficiary may take part of the proceeds in cash and leave the remaining balance with the insurance company to continue drawing interest.
- A **trust** may be set up by the deceased for survivors.

**Sources of Emergency Loans and Assistance** (to be used if the above sources are insufficient)

- **Friends and relatives** may be a source of extra funds in an emergency.
- A **local bank** may be a source of a short-term or installment loan until permanent benefits can be procured.
- The **American Red Cross** may be a source of emergency funds, especially if the deceased was a veteran, until benefits arrive.
- The **Salvation Army** is another possible source.
- **Social Services Organizations and Welfare Agencies** can analyze your situation and offer assistance or make recommendations.

## Benefits Available and How to Apply

Life and health insurance companies offer a variety of coverage policies to individuals. These policies provide a mixture of benefits available to survivors upon the death of a spouse, which can help replace the deceased's income:

**Life Insurance Policies** are typically payable directly to the surviving spouse, however, they can also be set up to be payable to the deceased's estate or to a trust for the surviving spouse and/or children. The amount paid out to beneficiaries may vary from the face value of the policy if ...

- a *term rider* has been added to the basic policy.
- the *death was accidental* and an accident insurance policy was in force, under certain conditions additional coverage may apply.
- *loans* have been taken out against the policy.
- the proceeds are *assigned to a creditor* upon the deceased's death.
- some of the insurance money is needed to pay *federal estate taxes, state inheritance taxes, the current year's taxes, or to pay other debt.*

Whoever the beneficiary may be, the payment format must be carefully determined. Whether they choose to acquire the proceeds through a lump sum or through another payment option, once the decision is made another option cannot be chosen. It is often wise to choose a settlement option other than a lump sum payment in order to help provide the survivors with a lifelong monthly income, as well as additional income that may be needed until any children are grown and educated. Standard payment options fall under one of three methods:

- An *annuity* provides a monthly income for the remainder of the surviving spouse's life. Annuities can also be set up to provide monthly payments for a specific number of months. This way another family member may receive the remainder of the payments after the spouse's death.
- The surviving spouse may also set up *fixed payments* to be paid out each month, as long as funds last.
- Another option is to stretch the funds out over a *fixed number of months.*

**Annuities** can also be purchased from a life insurance company. If the deceased and his or her spouse were receiving payments from the annuity under a "joint and survivor"

arrangement, reduced payments will continue to be paid to the spouse. If payments had not yet begun, the spouse may receive a death benefit (usually equivalent to either the premiums paid in or the cash surrender value, whichever is greater) as the named beneficiary.

The **Consolidated Omnibus Budget Reconciliation Act (COBRA)** provides the deceased's surviving spouse and/or dependent children with continuation of employer sponsored group health coverage that otherwise would be terminated. COBRA, passed by Congress in 1986 as an amendment to the Employee Retirement Income Security Act, provides continued coverage that – though more expensive than health coverage for active employees – is less expensive than individual health coverage.

**Disability Income Insurance Policies** may pay a death benefit if the deceased died an accidental death. Employer based insurance may also provide disability benefits for work-related injuries.

A **Medical Savings Account**, used in combination with a low-cost, high deductible health insurance policy, is a tax-sheltered savings account designated for medical expenses. Deposits are 100% tax-deductible and can be easily withdrawn by check or debit card to pay routine medical bills, with tax-free dollars, until the deductible is met. Like an IRA, the balance of an MSA accrues interest on a tax-favored basis to supplement retirement. The surviving spouse may gain control of any remaining balance on such an account.

The **Deceased's Employer** should be contacted to determine what types of health coverage are available. Typical company provided benefits include pension fund benefits (either a death benefit or a survivor's pension), a death benefit on the deceased's group disability income insurance, a credit union balance, an employee death benefit, a settlement on the deceased's deferred compensation arrangement, Worker's compensation, Group Health Insurance, or Group Life Insurance. It also must be determined whether the health insurance plan the family had with the company will continue, or whether it will need to be transferred to an individual policy.

The **Social Security Administration** should be contacted to determine who, if anyone, in the family is entitled to benefits from the deceased's social security coverage. The local office will be able to disclose the specific benefits and quantities available at the present time. The amount of benefits is determined by the deceased's income, the length of time he or she paid Social Security taxes, and the number of dependent children. Any dependent

children under age 18 (or up to age 18 if still enrolled in high school), or child disabled before age 22, are covered under the deceased's Social Security. A surviving spouse (or former spouse) is also entitled to benefits if there are dependent children under age 16, or if he or she is age 60 or older. If there are no dependent children, a surviving spouse can apply for a full benefit at age 65. However, survivors may not be eligible if their income exceeds specified limits.

If the deceased was a veteran of the Armed Forces, the **Veteran's Administration** can help determine what, if any, government life insurance policies were in effect during his or her time of service. The V.A. can help explain the provisions of the policy and any the benefits available to the survivors. In addition, a surviving spouse and dependent children may be eligible for other benefits, besides life insurance, from the V.A. as well. The funeral director typically files the initial V.A. forms for the survivors, so be sure to inform him or her that the deceased is a veteran. If the deceased was on active duty at the time of death, or if death was service-related, government benefits may be available in the form of a burial allowance, a lump-sum death gratuity, and compensation for a surviving spouse, children, and parents. Contact both the V.A. and the deceased's specific branch of service to apply for survivor benefits.

Many **organizations** offer survivor benefits as well. Contact any union, professional society, vocational or trade association, fraternal benefit society, business association, automobile club, or any other organization the deceased was a member of to inquire about available benefits. This may include life insurance, health coverages with a "principal sum" (accidental death benefit), pension plan (with either pension payments or a lump-sum benefit for the survivor, special death benefit for member's family, credit union, return of unused annual dues, etc.

If the deceased was a **Civil Service** employee, he or she may have health insurance coverage from a group life insurance policy under the Federal Employees Health Benefits Program. There may also be survivor annuities available to the surviving spouse or dependent children of a covered employee. The survivor's annuity will continue for life unless he or she remarries. A dependent child's annuity will continue until he or she reaches age 18 or age 22 if enrolled as a full-time college student.

### Existing Debts and Other Major Financial Concerns

After the death of a spouse, attending to financial concerns such as previously incurred debts, collection of assets owed, business interests and settling the deceased's estate can seem like a daunting task. The family's financial advisors and an attorney can help to simplify and uncomplicated the task of reorganizing the family's financial situation during the period leading up to the probating of the estate.

- List all the deceased's debts at the time of death and supply this list to the attorney.
- Consult the attorney on how to proceed with obligations jointly entered into by the deceased and the surviving spouse. Among other things, this may include a homeowner's mortgage or co-signed notes not covered by credit life insurance.
- The attorney can also assist with changing the title of ownership on the deceased's home, automobile, or other property formerly held in joint title with another individual. The insurance provider of each of these items should be informed of the title change.
- As part of the probate process, the executor or administrator of the estate will see to collecting any money or assets owed to the deceased. Provide the attorney with any evidence of debts owed.

### **Business Interest**

If the deceased was self-employed or the owner of an interest in a business, the executor or administrator of the estate is responsible for disposing of the deceased's business interests. However, there are very important financial and legal issues to be resolved and survivors should be aware of the situation and notify the attorney of the estimated value and if any prior arrangements have been made as to what to do with the deceased's business interest. The type of the deceased's business interest will determine what actions need to be made.

- *Sole Proprietorship* – owned by a single person and is not incorporated.
- *Partnership* – owned by two or more and is not incorporated. Unless otherwise stated beforehand in the partnership agreement, the partnership is automatically dissolved when a partner passes away.
- *Corporation* – an incorporated business. The deceased may have been the sole owner, a majority owner or a minority owner of stock. A corporation continues to exist when this person passes away, at least in theory.

## **Probating the Estate**

“Probating” – or settling – the deceased’s estate consists of taking an inventory of assets, paying the deceased’s debts and taxes, collecting debts owed to the estate, and transferring assets to his or her heirs. An expert probate and tax law attorney should be consulted during the probate period. The probate process is accomplished under the jurisdiction of the probate (or surrogate) court, a goes as follows:

- The deceased will is filed with the court.
- An executor or administrator is appointed. The will typically names the deceased’s preference for this position (the spouse, a family member, the attorney, a bank trust department, etc.). However, the court makes the final selection on this matter. If the deceased died “intestate” – or without a valid will – the court will appoint an administrator to settle the deceased’s will.
- The executor or administrator assembles all important documents such as a copy of the will, a copy of the marriage certificate, a copy of any previous marriage or divorce records, copies of any children’s birth certificates, any inventory of assets, the names and addresses of people to contact, and other valuable records.
- During the probate process, the court acts to preserve the assets of the estate for the heirs.
- The executor or administrator collects and manages the assets; settles the deceased’s business affairs; pays the debts, taxes, and administration expenses; and gives a final accounting to all interested parties and to the court.
- Counsel fees for probate work and taxes must be paid from the deceased’s estate. Besides federal and state income taxes, two types of taxes may be payable when the deceased’s assets are transferred to the heirs. If the deceased’s estate was large enough, federal estate taxes will have to be paid. In addition, depending on the state and the size of the taxable estate, the heirs will be required to pay a state inheritance or death tax.

## A Guide to Conducting Financial Affairs in the Future

Following the death of a spouse there are increased expenses and often decreased income, especially if the deceased was the major bread winner in the family. It is important at this time to reassess the family’s financial situation.

- **Create a Budget:** Creating a budget for the family will help make the most of your financial resources. The family check-book and various types of financial software are vital components of creating and maintaining a beneficial financial plan. Financial software can be particularly helpful in organizing, tracking and evaluating the family's budget from month to month. To begin, list all sources of income and all monthly expenses. Monthly expenses will include:
  - ✓ *Fixed expenses* – rent/mortgage payments, installment payments, property taxes, utilities, and insurance premiums
  - ✓ *Living expenses* – food, clothing, health care not covered by insurance, home/yard maintenance and repair, dry cleaning, vehicle maintenance and gasoline, etc.
  - ✓ *Miscellaneous* – savings, recreation, charitable donations or tithe, gifts given, emergency expenses, etc.

If the family's monthly income exceeds monthly expenses, the excess should be put into a savings plan or invested. If monthly expenses exceed monthly income, the family will have to reevaluate and decrease their expenses. When it comes to following a budget, it is important to remain flexible but always stay within the family's means.

- **Reevaluate Insurance Coverage:** There are many issues that will need to be re-looked at and re-thought out after the death of a spouse. For example, the surviving spouse's life insurance may need to be increased to cover a mortgage or a child's college education. Home, life or auto insurance policies may need to be transferred from a joint to single owner policy. Or the deceased's employer-provided life and health plans may need to be transferred to a surviving spouse's employer-provided plan. A qualified insurance agent should be consulted to assist in evaluating insurance issues, such as these, based on the family's new financial situation.
- **Set up a Savings and Emergency Fund:** Ideally the family will already have savings and an emergency fund in place. If this is not the case, it is essential to set one up now since funds may be tighter than they were when the spouse was still alive. If at all possible, a portion of income should be contributed to a savings fund as well.
- **Federal Income Taxes:** The year following the death of a spouse, the surviving spouse can still file a joint return. There are also other tax breaks available to a surviving spouse.

- **Set up Children’s Educational Funds:** If there are dependent children, college financing is a mandatory consideration. According to the College Board – a non-profit association composed of more than 5,000 schools, colleges, universities, and other educational organizations – in the 2005-06 school year, tuition and fees (excluding room and board) averaged:
  - ✓ \$5,491 at a 4-year public university.
  - ✓ \$21,235 at a 4-year private university.
  - ✓ \$2,191 at a 2-year public college.

It is also important to keep in mind that college costs will continue to increase. As a general rule, tuition rates increase at about twice the general inflation rate. Qualified experts say that, on average, tuition rates tend to increase about 8% per year.

Scholarships, grants, social security payments, and a part-time job may help pay for college, however, a majority of college costs may have to come from a savings account or private loans. Consult a financial advisor to help determine the appropriate amount to be set aside for a child’s educational fund.

## **Survival Guide: How do I apply for survivor benefits?**

The following form letters will aid in inquiring about survivor's benefits and requesting benefit application forms. Templates should be filled out by the named beneficiary, the deceased's spouse or by the person acting on his or her behalf. Documents and forms necessary for filing for benefits include: a certified copy of the death certificate or the attending physician's statement; a copy of the wedding certificate, if applicable; a copy of the deceased's birth certificate; and copies of birth certificates for a surviving spouse and any dependent children.

### ***Template 1 – To Health Insurance Company***

Use if ... the deceased had an individual hospitalization, major medical, excess major medical, long-term care, or other type of special health insurance policy.

### ***Template 2 – To Life Insurance Company***

Use if ... the deceased had an individual life insurance policy, annuity, accident insurance policy, disability income insurance policy, or life insurance policy that offered long-term care benefits. Use this letter to request a claimant's statement form. Once the form is received and completed return the form to the insurance company. Also include: the insurance policy or number; and – if pertinent to the claim – proof of the deceased's accidental death. NOTE: The insurance policy is a valuable document; always request a receipt when turning it over to an agent or agency.

### ***Template 3 – To Employer***

Use to ... obtain benefits from the deceased's current employer. The human resources department will be most helpful in providing advice and assistance concerning benefits and filing any necessary claim forms.

### ***Template 4 – To Former Employer***

Use to ... inquire about benefits available from the deceased's former employer. The deceased may have a vested interest in one or more pension funds from previous employment.

***Template 5 – To Social Security Administration***

Use to ... contact the nearest Social Security Administration office. Call the Social Security Administration at 1 (800) 772 – 1213, or look up the address and telephone number in your local telephone directory. Other necessary documents and forms required for applying for Social Security benefits include: the Social Security number; the Social Security number of a surviving spouse and any dependent children; and copies of the deceased's tax record for the past year, or some other record of his or her previous year's earnings.

***Template 6 – To Veterans' Administration (for government life insurance)***

Use if ... the deceased had a government life insurance policy. To contact the Insurance Division of the V.A. send this letter to the center nearest you: either 500 Wissachickon Avenue, Philadelphia, PA 19010; or Fort Snelling, St. Paul, MN 55111. Call 1 (800) 827 – 1000 for additional questions or information. Other necessary documents required include: a copy of the deceased's discharge papers from the service; a copy of the death certificate (unless the death occurred in a V.A. hospital); and the deceased's V.A. claim number.

***Template 7 – To Veterans' Administration (for other V.A. benefits)***

Use to ... apply for benefits (other than life insurance) if the deceased veteran's death was service connected, or to inquire about possible benefits if the death was not service-related. Send this letter to the V.A. center nearest you: either 500 Wissachickon Avenue, Philadelphia, PA 19010; or Fort Snelling, St. Paul, MN 55111. Call 1 (800) 827 – 1000 for additional questions or information.

***Template 8 – To Organization***

Use to ... inquire about benefits from any organization or group of which the deceased was a member. Include any policies, certificates, and other valuable papers pertaining to his or her membership benefits.

***Template 9 – To Civil Service Commission***

Use to ... inquire about obtaining benefits which the deceased's estate and/or survivors may be entitled to because the deceased was a Civil Service employee.

**Template 1 – To Health Insurance Company**

\_\_\_\_\_ (date)

\_\_\_\_\_ (health insurance company name)

\_\_\_\_\_ (street address or p.o. box number)

\_\_\_\_\_ (city, state, zip code)

RE: \_\_\_\_\_ (full name of deceased), Deceased.

\_\_\_\_\_ (health insurance company name) :

My late \_\_\_\_\_ (relationship) had a \_\_\_\_\_ (type of policy) policy with your company.

\_\_\_\_\_ (full name of deceased) was insured under policy number \_\_\_\_\_ (policy number) and died

\_\_\_\_\_ (month/day/year).

Please send me the appropriate forms necessary to file a claim for \_\_\_\_\_ (type of benefits)

benefits \_\_\_\_\_ (I am/or name of person is) entitled to as beneficiary on that policy.

Sincerely,

\_\_\_\_\_ (signature)

\_\_\_\_\_ (typed or printed name)

\_\_\_\_\_ (street address or p.o. box number)

\_\_\_\_\_ (city, state, zip code)

Daytime telephone number: \_\_\_\_\_ (daytime telephone number)

Evening telephone number: \_\_\_\_\_ (evening telephone number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_, Deceased.

\_\_\_\_\_:

My late \_\_\_\_\_ had a \_\_\_\_\_ policy with your company.  
\_\_\_\_\_ was insured under policy number \_\_\_\_\_ and died  
\_\_\_\_\_.

Please send me the appropriate forms necessary to file a claim for \_\_\_\_\_  
benefits \_\_\_\_\_ entitled to as beneficiary on that policy.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Evening telephone number: \_\_\_\_\_

*Template 2 – To Life Insurance Company*

\_\_\_\_\_ (date) \_\_\_\_\_

\_\_\_\_\_ (life insurance company name) \_\_\_\_\_

\_\_\_\_\_ (street address or p.o. box number) \_\_\_\_\_

\_\_\_\_\_ (city, state, zip code) \_\_\_\_\_

RE: \_\_\_\_\_ (full name of deceased) \_\_\_\_\_, Deceased.

\_\_\_\_\_ (life insurance company name) \_\_\_\_\_:

My late \_\_\_\_\_ (relationship) \_\_\_\_\_ had a \_\_\_\_\_ (type of policy) \_\_\_\_\_ policy with your company.

\_\_\_\_\_ (full name of deceased) \_\_\_\_\_ was insured under policy number \_\_\_\_\_ (policy number) \_\_\_\_\_ and died

\_\_\_\_\_ (month/day/year) \_\_\_\_\_.

Please send me the appropriate forms necessary to file a claim for \_\_\_\_\_ (type of benefits) \_\_\_\_\_

benefits \_\_\_\_\_ (I am/or name of person is) \_\_\_\_\_ entitled to as beneficiary on that policy.

Sincerely,

\_\_\_\_\_ (signature) \_\_\_\_\_

\_\_\_\_\_ (typed or printed name) \_\_\_\_\_

\_\_\_\_\_ (street address or p.o. box number) \_\_\_\_\_

\_\_\_\_\_ (city, state, zip code) \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_ (daytime telephone number) \_\_\_\_\_

Evening telephone number: \_\_\_\_\_ (evening telephone number) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_, Deceased.

\_\_\_\_\_:

My late \_\_\_\_\_ had a \_\_\_\_\_ policy with your company.  
\_\_\_\_\_ was insured under policy number \_\_\_\_\_ and died  
\_\_\_\_\_.

Please send me the appropriate forms necessary to file a claim for \_\_\_\_\_  
benefits \_\_\_\_\_ entitled to as beneficiary on that policy.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Evening telephone number: \_\_\_\_\_

**Template 3 – To Employer**

\_\_\_\_\_ (date)

\_\_\_\_\_ (employer name)

\_\_\_\_\_ (street address or p.o. box number)

\_\_\_\_\_ (city, state, zip code)

RE: \_\_\_\_\_ (full name of deceased), Deceased.

\_\_\_\_\_ (employer name) \_\_\_\_\_:

My \_\_\_\_\_ (relationship), an employee of your company, died on \_\_\_\_\_ (date).

Would you please review your personnel files and other records to determine what benefits might be payable to \_\_\_\_\_ (his or her) estate or beneficiary? Among other things, such benefits might include: group life insurance, hospitalization and major medical insurance, disability income insurance, pension or profit-sharing plan, workmen’s compensation, deferred compensation arrangement, accrued vacation or sick pay, payroll savings or stock-purchase plan, credit union balance, etc.

I am writing you on behalf of \_\_\_\_\_ (full name of deceased) as beneficiary. If there are any forms to be completed in filing for these benefits, or if you need any documents or additional information, please let me know.

Sincerely,

\_\_\_\_\_ (signature)

\_\_\_\_\_ (typed or printed name)

\_\_\_\_\_ (street address or p.o. box number)

\_\_\_\_\_ (city, state, zip code)

Daytime telephone number: \_\_\_\_\_ (daytime telephone number)

Evening telephone number: \_\_\_\_\_ (evening telephone number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_, Deceased.

\_\_\_\_\_:

My \_\_\_\_\_, an employee of your company, died on \_\_\_\_\_.

Would you please review your personnel files and other records to determine what benefits might be payable to \_\_\_\_\_ estate or beneficiary? Among other things, such benefits might include: group life insurance, hospitalization and major medical insurance, disability income insurance, pension or profit-sharing plan, workmen's compensation, deferred compensation arrangement, accrued vacation or sick pay, payroll savings or stock-purchase plan, credit union balance, etc.

I am writing you on behalf of \_\_\_\_\_ as beneficiary. If there are any forms to be completed in filing for these benefits, or if you need any documents or additional information, please let me know.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Evening telephone number: \_\_\_\_\_

**Template 4 – To Former Employer**

\_\_\_\_\_ (date)

\_\_\_\_\_ (employer name)

\_\_\_\_\_ (street address or p.o. box number)

\_\_\_\_\_ (city, state, zip code)

RE: \_\_\_\_\_ (full name of deceased), Deceased.

\_\_\_\_\_ (employer name) \_\_\_\_\_:

My \_\_\_\_\_ (relationship), a former employee of your company, died on \_\_\_\_\_ (date).

Would you please review your personnel files and other records to see if there are any benefits payable to \_\_\_\_\_ (his or her) estate or beneficiary? Among other things, such benefits might include a vested interest in a pension or profit-sharing plan.

I am writing you on behalf of \_\_\_\_\_ (full name of deceased) as beneficiary. If there are any forms to be completed in filing for these benefits, or if you need any documents or additional information, please let me know.

Sincerely,

\_\_\_\_\_ (signature)

\_\_\_\_\_ (typed or printed name)

\_\_\_\_\_ (street address or p.o. box number)

\_\_\_\_\_ (city, state, zip code)

Daytime telephone number: \_\_\_\_\_ (daytime telephone number)

Evening telephone number: \_\_\_\_\_ (evening telephone number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_, Deceased.

\_\_\_\_\_:

My \_\_\_\_\_, a former employee of your company, died on \_\_\_\_\_.

Would you please review your personnel files and other records to see if there are any benefits payable to \_\_\_\_\_ estate or beneficiary? Among other things, such benefits might include a vested interest in a pension or profit-sharing plan.

I am writing you on behalf of \_\_\_\_\_ as beneficiary. If there are any forms to be completed in filing for these benefits, or if you need any documents or additional information, please let me know.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Evening telephone number: \_\_\_\_\_

*Template 5 – To Social Security Administration*

\_\_\_\_\_ (date)

Social Security Administration

\_\_\_\_\_ (street address or p.o. box number)

\_\_\_\_\_ (city, state, zip code)

RE: \_\_\_\_\_ (full name of deceased), Deceased.

Social Security Administration:

I am writing to you on behalf of \_\_\_\_\_ (relationship) and would like to obtain an appointment as soon as possible to apply for benefits. Please let me know where and when such a meeting can be arranged.

I will plan to bring the following things with me to that meeting: a copy of the death certificate; a copy of the marriage certificate; copies of birth certificates of the deceased and survivors; the Social Security numbers of the survivors; and evidence of the deceased's recent earnings. If any other information or documents are required, please let me know.

Sincerely,

\_\_\_\_\_ (signature)

\_\_\_\_\_ (typed or printed name)

\_\_\_\_\_ (street address or p.o. box number)

\_\_\_\_\_ (city, state, zip code)

Daytime telephone number: \_\_\_\_\_ (daytime telephone number)

Evening telephone number: \_\_\_\_\_ (evening telephone number)

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Social Security Administration

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RE: \_\_\_\_\_, Deceased.

Social Security Administration:

I am writing to you on behalf of \_\_\_\_\_ and would like to obtain an appointment as soon as possible to apply for benefits. Please let me know where and when such a meeting can be arranged.

I will plan to bring the following things with me to that meeting: a copy of the death certificate; a copy of the marriage certificate; copies of birth certificates of the deceased and survivors; the Social Security numbers of the survivors; and evidence of the deceased's recent earnings. If any other information or documents are required, please let me know.

Sincerely,

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Daytime telephone number: \_\_\_\_\_

Evening telephone number: \_\_\_\_\_

**Template 6 – To Veterans’ Administration (for government life insurance)**

\_\_\_\_\_ (date)

Veterans’ Administration

Insurance Division

\_\_\_\_\_ (street address or p.o. box number)

\_\_\_\_\_ (city, state, zip code)

RE: \_\_\_\_\_ (full name of deceased) , Deceased.

Veterans’ Administration:

This is to inform you that my \_\_\_\_\_ (relationship) died on \_\_\_\_\_ (date) .

\_\_\_\_\_ (full name of deceased) was insured under Policy No. \_\_\_\_\_ (policy number) and I am

writing you on behalf of \_\_\_\_\_ (myself; my relationship, his or her full name) as beneficiary.

\_\_\_\_\_ (full name of deceased) served in the \_\_\_\_\_ (branch or service) from

\_\_\_\_\_ (date entered service) to \_\_\_\_\_ (date discharged from service) .

Please send me the proper forms necessary to apply for the benefits payable under that policy.

Sincerely,

\_\_\_\_\_ (signature)

\_\_\_\_\_ (typed or printed name)

\_\_\_\_\_ (street address or p.o. box number)

\_\_\_\_\_ (city, state, zip code)

Daytime telephone number: \_\_\_\_\_ (daytime telephone number)

Evening telephone number: \_\_\_\_\_ (evening telephone number)

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Veterans' Administration

Insurance Division

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RE: \_\_\_\_\_, Deceased.

Veterans' Administration:

This is to inform you that my \_\_\_\_\_ died on \_\_\_\_\_.

\_\_\_\_\_ was insured under Policy No. \_\_\_\_\_ and I am

writing you on behalf of \_\_\_\_\_ as beneficiary.

\_\_\_\_\_ served in the \_\_\_\_\_ from

\_\_\_\_\_ to \_\_\_\_\_.

Please send me the proper forms necessary to apply for the benefits payable under that policy.

Sincerely,

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Daytime telephone number: \_\_\_\_\_

Evening telephone number: \_\_\_\_\_

**Template 7 – To Veterans’ Administration (for other V.A. benefits)**

\_\_\_\_\_ (date)

Veterans’ Administration

\_\_\_\_\_ (street address or p.o. box number)

\_\_\_\_\_ (city, state, zip code)

RE: \_\_\_\_\_ (full name of deceased), Deceased.

Veterans’ Administration:

This is to inform you that my \_\_\_\_\_ (relationship) died on \_\_\_\_\_ (date).

\_\_\_\_\_ (full name of deceased) served in the \_\_\_\_\_ (branch or service).

I am writing you on behalf of \_\_\_\_\_ (myself; my relationship, his or her full name) to apply

For any veterans’ pension or other benefits that might be due \_\_\_\_\_ (him or her).

Please send me the appropriate forms and instructions to apply for benefits.

Sincerely,

\_\_\_\_\_ (signature)

\_\_\_\_\_ (typed or printed name)

\_\_\_\_\_ (street address or p.o. box number)

\_\_\_\_\_ (city, state, zip code)

Daytime telephone number: \_\_\_\_\_ (daytime telephone number)

Evening telephone number: \_\_\_\_\_ (evening telephone number)

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Veterans' Administration

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RE: \_\_\_\_\_, Deceased.

Veterans' Administration:

This is to inform you that my \_\_\_\_\_ died on \_\_\_\_\_.

\_\_\_\_\_ served in the \_\_\_\_\_.

I am writing you on behalf of \_\_\_\_\_ to apply

For any veterans' pension or other benefits that might be due \_\_\_\_\_.

Please send me the appropriate forms and instructions to apply for benefits.

Sincerely,

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Daytime telephone number: \_\_\_\_\_

Evening telephone number: \_\_\_\_\_

**Template 8 – To Organization**

\_\_\_\_\_ (date)

\_\_\_\_\_ (organization name)

\_\_\_\_\_ (street address or p.o. box number)

\_\_\_\_\_ (city, state, zip code)

RE: \_\_\_\_\_ (full name of deceased), Deceased.

\_\_\_\_\_ (organization name) \_\_\_\_\_ :

This is to inform you that my \_\_\_\_\_ (relationship) \_\_\_\_\_ died on \_\_\_\_\_ (date) \_\_\_\_\_.

\_\_\_\_\_ (full name of deceased) \_\_\_\_\_ was a member of \_\_\_\_\_ (organization) \_\_\_\_\_. I am writing on

behalf of \_\_\_\_\_ (myself; my relationship, his or her name) \_\_\_\_\_ as beneficiary and I understand

that \_\_\_\_\_ (he or she) \_\_\_\_\_ may have been eligible for certain benefits for \_\_\_\_\_ (himself or herself) \_\_\_\_\_

and dependents through \_\_\_\_\_ (name of organization) \_\_\_\_\_.

Please send me the appropriate forms and instructions to apply for benefits.

Sincerely,

\_\_\_\_\_ (signature)

\_\_\_\_\_ (typed or printed name)

\_\_\_\_\_ (street address or p.o. box number)

\_\_\_\_\_ (city, state, zip code)

Daytime telephone number: \_\_\_\_\_ (daytime telephone number)

Evening telephone number: \_\_\_\_\_ (evening telephone number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_, Deceased.

\_\_\_\_\_:

This is to inform you that my \_\_\_\_\_ died on \_\_\_\_\_.

\_\_\_\_\_ was a member of \_\_\_\_\_. I am writing on

behalf of \_\_\_\_\_ as beneficiary and I understand

that \_\_\_\_\_ may have been eligible for certain benefits for \_\_\_\_\_

and dependents through \_\_\_\_\_.

Please send me the appropriate forms and instructions to apply for benefits.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Evening telephone number: \_\_\_\_\_

**Template 9 – To Civil Service Commission**

\_\_\_\_\_ (date)

Civil Service Commission

1900 East Street NW

Washington, D.C. 20415

RE: \_\_\_\_\_ (full name of deceased), Deceased.

\_\_\_\_\_ (organization name):

This is to inform you that my \_\_\_\_\_ (relationship) died on \_\_\_\_\_ (date).

\_\_\_\_\_ (full name of deceased) worked as a Civil Service employee from

\_\_\_\_\_ (date started working for civil service) to \_\_\_\_\_ (date stopped working for civil service).

I am writing you on behalf of \_\_\_\_\_ (myself; my relationship, his or her name) the deceased's

\_\_\_\_\_ (relationship), to apply for any pension or other benefits that might be due \_\_\_\_\_ (he or she).

Please send me the appropriate forms and instructions to apply for benefits.

Sincerely,

\_\_\_\_\_ (signature)

\_\_\_\_\_ (typed or printed name)

\_\_\_\_\_ (street address or p.o. box number)

\_\_\_\_\_ (city, state, zip code)

Daytime telephone number: \_\_\_\_\_ (daytime telephone number)

Evening telephone number: \_\_\_\_\_ (evening telephone number)

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Civil Service Commission

1900 East Street NW

Washington, D.C. 20415

RE: \_\_\_\_\_, Deceased.

\_\_\_\_\_:

This is to inform you that my \_\_\_\_\_ died on \_\_\_\_\_.

\_\_\_\_\_ worked as a Civil Service employee from

\_\_\_\_\_ to \_\_\_\_\_.

I am writing you on behalf of \_\_\_\_\_ the deceased's

\_\_\_\_\_, to apply for any pension or other benefits that might be due \_\_\_\_\_.

Please send me the appropriate forms and instructions to apply for benefits.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Evening telephone number: \_\_\_\_\_

## **Sources of Information**

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