ONLINE SURVIVOR BENEFITS REPORT

U.S. Coast Guard Casualty Data and Information Input Form

	CASUALTY ASSISTANCE CALLS OFFICER INFORMATION	INPUT
1	Name of Assigned Casualty Assistance Calls Officer (CACO)	
2	Rank	Select
3	Work Phone	
4	Cell or Alternate Phone	
5	Email Address	

	FALLEN SAILOR'S INFORMATION	INPUT
6	Name – First Middle Last (e.g., John A. Smith)	
7	Social Security Number	
8	Date of Death – dd mmmm yyyy (e.g., 03 June 2011)	
9	Date of Birth – dd mmmm yyyy (e.g., 03 June 2011)	
10	Component	Select
11	Status	Select
12	Line of Duty	❑ Yes ❑ No ❑ Prepare Both Rpts
13	Inactive-Duty Training Reserve Total Points	
14	Veteran's Affairs Service Connected	❑ Yes ❑ No
15	Pay Grade (e.g., E7, O3)	Select
16	Rank (e.g., CPO, LT)	Select
17	Date of Rank – dd mmmm yyyy (e.g., 03 June 2011)	
18	Previous Pay Grade	Select
19	Previous Date of Rank – dd mmmm yyyy (e.g., 03 June 2011)	
20	Date of Initial Entry to Military Service (DIEMS) (e.g., 03 June 2011)	
21	Pay Entry Base Date (PEBD) – dd mmmm yyyy (e.g., 03 June 2011)	
22	Basic Active Service Date (BASD) – dd mmmm yyyy (e.g., 03 June 2011)	
23	Received Career Status Bonus?	❑ Yes ❑ No ❑ N/A
24	Marital Status	Select
25	Date of Marriage – dd mmmm yyyy (e.g., 03 June 2011)	

	SPOUSE'S INFORMATION	INPUT
26	Name	
27	Date of Birth – dd mmmm yyyy (e.g., 03 June 2011)	
28	Email Address	
29	Family Address - Street	
30	Family Address - City, State, Zip Code	
31	Family Phone Number (10 digit; Example: 703.936.1212)	
32	Is the surviving spouse working?	❑ Yes ❑ No
33	Was the Service member previously married?	❑ Yes ❑ No
34	a) If yes, is there a Former Spouse SBP directed court order in effect?	❑ Yes ❑ No
35	Spouse's DS Logon User ID	

	CHILDREN'S INFORMATION	INPUT
	Child #1	
36	a) Name	
37	b) Date of Birth – dd mmmm yyyy (e.g., 03 June 2011)	
38	c) Living with another parent or family member?	❑ Yes ❑ No
39	d) Name of Guardian (If living with another parent or family member)	
40	e) Guardian's Email Address	
41	f) Guardian's Address - Street	
42	g) Guardian's Address - City, State, Zip Code	
43	h) Disabled	❑ Yes ❑ No

	Child #2	
44	a) Name	
45	b) Date of Birth – dd mmmm yyyy (e.g., 03 June 2011)	
46	c) Living with another parent or family member?	❑ Yes ❑ No
47	d) Name of Guardian (If living with another parent or family member)	
48	e) Guardian's Email Address	
49	f) Guardian's Address - Street	
50	g) Guardian's Address - City, State, Zip Code	
51	h) Disabled	❑ Yes ❑ No

	Child #3	
52	a) Name	
53	b) Date of Birth – dd mmmm yyyy (e.g., 03 June 2011)	
54	c) Living with another parent or family member?	❑ Yes ❑ No
55	d) Name of Guardian (If living with another parent or family member)	
56	e) Guardian's Email Address	
57	f) Guardian's Address - Street	
58	g) Guardian's Address - City, State, Zip Code	
59	h) Disabled	❑ Yes ❑ No

	Child #4	
60	a) Name	
61	b) Date of Birth – dd mmmm yyyy (e.g., 03 June 2011)	
62	c) Living with another parent or family member?	❑ Yes ❑ No
63	d) Name of Guardian (If living with another parent or family member)	
64	e) Guardian's Email Address	
65	f) Guardian's Address - Street	
66	g) Guardian's Address - City, State, Zip Code	
67	h) Disabled	❑ Yes ❑ No

	Child #5	
68	a) Name	
69	b) Date of Birth – dd mmmm yyyy (e.g., 03 June 2011)	
70	c) Living with another parent or family member?	❑ Yes ❑ No
71	d) Name of Guardian (If living with another parent or family member)	
72	e) Guardian's Email Address	
73	f) Guardian's Address - Street	
74	g) Guardian's Address - City, State, Zip Code	
75	h) Disabled	❑ Yes ❑ No

	Child #6	
76	a) Name	
77	b) Date of Birth – dd mmmm yyyy (e.g., 03 June 2011)	
78	c) Living with another parent or family member?	❑ Yes ❑ No
79	d) Name of Guardian (If living with another parent or family member)	
80	e) Guardian's Email Address	
81	f) Guardian's Address - Street	
82	g) Guardian's Address - City, State, Zip Code	
83	h) Disabled	❑ Yes ❑ No

	Child #7	
84	a) Name	
85	b) Date of Birth – dd mmmm yyyy (e.g., 03 June 2011)	
86	c) Living with another parent or family member?	❑ Yes ❑ No
87	d) Name of Guardian (If living with another parent or family member)	
88	e) Guardian's Email Address	
89	f) Guardian's Address - Street	
90	g) Guardian's Address - City, State, Zip Code	
91	h) Disabled	❑ Yes ❑ No

	Child #8	
92	a) Name	
93	b) Date of Birth – dd mmmm yyyy (e.g., 03 June 2011)	
94	c) Living with another parent or family member?	❑ Yes ❑ No
95	d) Name of Guardian (If living with another parent or family member)	
96	e) Guardian's Email Address	
97	f) Guardian's Address - Street	
98	g) Guardian's Address - City, State, Zip Code	
99	h) Disabled	❑ Yes ❑ No

Family Assistance Support Team (FAST)
Phone: (877) 827-2471
Fax: (571) 366-6704
Non-secure Email: OSBR@afsc.com

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