

CASUALTY ASSISTANCE CALLS PROGRAM

Report BUPERS 1770-1

To: Chief of Naval Personnel (PERS 663)

VIA: CAC/FHS Coordinator

DATE:

A casualty assistance call was made and assistance rendered as indicated. The next of kin was requested to advise or contact me or my successor on any matter wherein difficulty is encountered and to advise when all payments for claims, benefits or rights are received. BUPERS and the cognizant CACO Coordinator will be advised when the case is closed. List an asterisk (*) beside any item to indicate the placement of comments in the Remarks Section

NAME OF DECEASED	RANK/RATE	SSN	DATE OF DEATH
NAME, ADDRESS, AND RELATIONSHIP OF PERSON BEING ASSISTED		DATE BUPERS BENEFITS LETTER RECEIVED	
DATE/TIME OF PERSONAL NOTIFICATION		DATE LETTER OF CIRCUMSTANCES RECEIVED	

CACP MANUAL REFERENCE	SUBJECT	ACTION (AS APPROPRIATE)		
		DATE APPLIED FOR	DATE RECEIVED	N/A
ANNEX E	REPORT OF CASUALTY (DD FORM 1300) <i>(furnished to next of kin and other agencies)</i>			
CHAP. IX	DEPENDENTS ALLOTMENTS AND ALLOWANCES			

CLAIMS AND APPLICATIONS SUBMITTED

CHAP. V	BURIAL ENTITLEMENTS: A. NAVY B. SOCIAL SECURITY ADMINISTRATION			
CHAP. VI	DEATH GRATUITY			
CHAP. VI	UNPAID COMPENSATION <i>(Unpaid Pay and Allowances)</i>			
CHAP. VI	SURVIVOR BENEFIT PLAN ANNUITY <i>(Applicable to members with over 20 years of service)</i>			
CHAP. VI	SERVICEMEN'S GROUP LIFE INSURANCE <i>(Submit claim to OSGLI)</i>			
CHAP. VI	COMMERCIAL LIFE INSURANCE APPLICATION SUBMITTED <i>(Indicate in remarks the name of the company with which commercial insurance is carried)</i>			
CHAP. VI	UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD (DD 1173) <i>(May include medical care, exchange and commissary privileges)</i>			
CHAP. VI	DEPENDENCY AND INDEMNITY COMPENSATION <i>(VA action; if undue delay and investigation is desired, furnish VA Claim (XC) Number)</i>			
CHAP. VI	SOCIAL SECURITY SURVIVOR BENEFITS <i>(Submit claim to local office of Social Security Administration)</i>			
CHAP. VI	DEPENDENTS' TRAVEL <i>(If applicable, submit claim to Defense Finance and Accounting Service, Washington, D.C. 20371)</i>			
CHAP. V-VI	TRANSPORTATION OF HOUSEHOLD GOODS/PERSONAL EFFECTS			
CHAP. V	GOVERNMENT HEADSTONE OR MARKER <i>(Application not required if burial is in national cemetery)</i>			

ASSISTANCE REQUIRED *(Indicate in "Remarks" to whom referred for assistance)*

CHAP. VII	INCOME TAX <i>(W-2 furnished directly to next of kin by XXXX without request upon completion of processing)</i>			
CHAP. VII	BANK ACCOUNTS, SAVINGS BONDS, SECURITIES, REAL ESTATE, WILL			

INVESTIGATIVE REPORTS REQUEST (As applicable)

CHAP. IV	JAGMAN INVESTIGATIVE REPORT			
	NCIS INVESTIGATIVE REPORT			
	AIRCRAFT MISHAP INVESTIGATIVE REPORT			

INITIAL INTERIM FINAL

SPECIAL REQUESTS MADE BY
BENEFICIARY

ACTION TAKEN BY CACO

ACTION DESIRED BY BUPERS AS FOLLOWS:

GENERAL REMARKS *(Include liaison and contacts with agencies, individuals and relatives: comments, observations, recommendations and comments of next of kin)*

ADDRESS OF NEXT OF KIN

NO CHANGE NEW ADDRESS IS

CACO DSN/COMMERCIAL PHONE NOS.

SIGNATURE AND RANK/RATE OF CACO MAKING REPORT

ACTIVITY TO WHICH ATTACHED

FIRST ENDORSEMENT

DATE _____

From:

To: Chief of Naval Personnel (PERS 663)

1. Forwarded.

Signature