

**CASUALTY ASSISTANCE REPRESENTATIVE (CAR) IS TO COMPLETE SECTION 1 & 2 AND FAX ACCORDINGLY**

**Acceptance of AFAS's Gift of Membership in AFSC & Information Release Form**

Air Force Aid Society (AFAS) has sponsored a gift of lifetime membership in the Armed Forces Services Corporation (AFSC) for the surviving spouse and/or children at no cost to the family. In accepting AFAS's unique gift of membership in AFSC, have the surviving spouse or guardian sign accepting/declining the membership. The CAR will email or fax the form to [info@afsc-usa.com](mailto:info@afsc-usa.com) (FAX:(703)-379-4848) and [victor.villarreal.ctr@randolph.af.mil](mailto:victor.villarreal.ctr@randolph.af.mil) (DSN/FAX:665-2586). If you are unable to fax form to AFSC you can mail it to: AFSC, 2800 Shirlington Rd, Suite 350, Arlington, VA 22206-3601. This information will be used to calculate and project the government survivor benefits for the surviving family members. A benefits printout will be returned to the CAR and the survivor reflecting the family's projected integrated stream of lifetime survivor benefits (i.e. Survivor Benefit Plan; Social Security; Veterans Affairs Dependency and Indemnity Compensation; and Veterans Affairs Dependent Education Benefits). *This information will be kept strictly confidential and will only be for the use of the family and AFSC. It will not be provided to any other organizations or used for any other purpose.*

**Section 1: DECEASED SERVICE MEMBER'S INFORMATION**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Date of death: \_\_\_\_\_ Status:  Active duty  Reservist/National Guard on active duty  
Present rank/grade: \_\_\_\_\_ Date of promotion: \_\_\_\_\_ Previous rank/grade: \_\_\_\_\_ Date of previous promotion: \_\_\_\_\_  
DIEMS date: \_\_\_\_\_ PEBD: \_\_\_\_\_ TAFMSD: \_\_\_\_\_  
SGLI:  yes  no (If yes, coverage \$ \_\_\_\_\_) Combat Related/Combat Area:  yes  no Received Career Status Bonus (CSB):  yes  no  
Is the surviving spouse working and earning more than \$12,960 per year in gross income (Do not include survivor benefits)?:  yes  no  
(Surviving spouse's work and income status impact social security benefits. This information is needed to accurately compute entitlements)

**Section 2: FAMILY DATA**

Address (Street, City, State, and Zip Code): \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_  
Date of marriage: \_\_\_\_\_ Spouse SSN: \_\_\_\_\_

<u>Name</u>	<u>Date of birth</u>	<u>Living with another parent (was not in custody of deceased)</u>	<u>Name of custodian</u>
Spouse: _____	_____	N/A	N/A
Child: _____	_____	<input type="checkbox"/> yes	_____
Child: _____	_____	<input type="checkbox"/> yes	_____
Child: _____	_____	<input type="checkbox"/> yes	_____
Child: _____	_____	<input type="checkbox"/> yes	_____

**Please initial the appropriate line:**  
\_\_\_\_\_ I accept AFAS's gift of lifetime membership in the Armed Forces Services Corporation. I hereby authorize release of our family information to the Armed Forces Services Corporation and Air Force Aid Society.  
\_\_\_\_\_ I decline AFAS's gift of lifetime membership in the Armed Forces Services Corporation.

**Surviving Spouse or Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Contact AFSC at 1-888-237-2872 (email [info@afsc-usa.com](mailto:info@afsc-usa.com)) if you have questions concerning the requested information or gift of membership.

CAR Name: \_\_\_\_\_ Commercial Phone #: \_\_\_\_\_ DSN #: \_\_\_\_\_  
CAR Email: \_\_\_\_\_ Fax#: \_\_\_\_\_ Updated May 2007