

# ECHOES

JAN-APR 2010

THE BULLETIN FOR  
RETIRED SOLDIERS,  
SURVIVING SPOUSES & FAMILIES

RETIRED



U.S. ARMY

## A MESSAGE FROM THE CHIEF OF STAFF



### Greetings Retired Soldiers, Surviving Spouses and Families,

I am extremely proud of the competence, courage, and commitment of our Soldiers, Families, Civilians, and Veterans. It's often in times of tragedy when that pride is validated by men and women who serve their country freely and give their all in defense of ideals they love and believe in. That was certainly the case when tragedy struck our Army Family on 5 November 2009 at Fort Hood, Texas. Thirteen Americans gave their lives for their Nation - all bound together by the common desire to find meaning in something greater than themselves. What happened at Fort Hood will affect our Army for a long time to come, but we are an Army that has always drawn strength from adversity.

While the senseless violence of that day shocked the Nation - the heroism of the many Soldiers who, despite their own wounds, provided life saving aid to others and the groundswell of support from the Central Texas community were uplifting. Our Soldiers, Families, Army Civilians and the communities that support them continue to embody the strength of our Nation.

**We are all  
proud of  
our Army.**

A few days before the Fort Hood tragedy, we officially welcomed our 21st Secretary of the Army, John McHugh. Secretary McHugh grew up in Watertown, New York - home of Fort Drum - and comes to us from the halls of Congress, where he represented New York's 23rd Congressional District for more than 17 years. Secretary McHugh recognizes the stress and strain our Soldiers and Families are facing after eight years of war. His first priority is to engage in a constant search for better ways to provide Soldiers and their Families the support they so richly deserve. One of his first acts as Secretary was to announce the implementation of our \$125 million Comprehensive Soldier Fitness program (CSF) to build resiliency into our force for the long-term, and to better prepare our Soldiers, Families and Civilians for the challenges associated with repeated combat deployments by developing skills to enable them to overcome adversity.

Less than a week later, the Secretary formally resigned the Army Family Covenant - our pledge to provide support and services to our Army Families that are commensurate with the quality of the service that they provide for this country every day. Because he understands that only by continuing to honor our commitments to increasing access to health care, improving Soldier and Family housing, ensuring excellence in child and youth school services and expanding employment opportunities for military spouses will we ensure the long-term health of our All-Volunteer Force. The events at Fort Hood underscore the importance of these two programs - CSF and the Family Covenant.

We are all proud of our Army. After eight years of war, it remains a resilient, professional, combat-seasoned force that's the best in the world at what it does. But, we are an Army with a few more tough years ahead of us. Fortunately, we have made substantial progress over the past several years with the help of the Department of Defense and our Congressional leaders. We have completed our growth and transformed our force to be more effective in the types of conflicts we are fighting today. Today, the Army is 70,000 people larger than it was just five years ago, with 11 more combat brigades and substantially more enabling forces. Coupled with the planned drawdown of combat forces in Iraq, we are better positioned now - than we were two years ago - to accept some increased demand elsewhere.

We will continue to need the support of our Retirees, Veterans and Congressional leaders to ensure our Army continues to succeed in this war and to sustain and prepare it for the decades ahead. Thank you for the service, support and leadership you continue to provide within our Army Communities - without which we could not be where we are today, nor be prepared to meet the challenges we will face tomorrow. Army Strong!

George W. Casey, Jr.  
General, United States Army  
Chief of Staff

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## A Message From Army Retirement Services Office

*Greetings Retired Soldiers, Surviving Spouses and Family Members,*

### **Retirement is a process – not an event!**

That is our motto in Army Retirement Services. This edition of *Army Echoes*, no matter when you retired, features articles that impact “YOUR process” wherever you may be along the continuum of life. Much of our information focuses on the recent legislation that is found in the FY2010 National Defense Authorization Act. Particularly noteworthy are the articles regarding Health Care screening that are written for you to personally consider; TRICARE updates in several areas; and data regarding changes in the way the VA is extending its outreach to Retirees and Veterans.

In our September 2009 edition of *Echoes*, I told you about the work we have begun in Army G-1, as well as some other parts of the HQDA staff, to take a hard look at ways we collectively can improve the entire area of “transitioning Soldiers and their Families”. I am very pleased to tell you that several individuals contacted me and offered their assistance during the months and years ahead. I was honored by the responses, but not surprised, because our retired Army Soldiers are rich in talent and remain dedicated to helping OUR Army in any way they can. We are pushing in several areas right now, and I hope I can report out to you in the months ahead on the progress we are making. The Army Retirement Services team is honored to be a big part of this very worthy effort!!

Over the past several months, I have had the privilege of being invited to speak at many Retiree Appreciation Day gatherings. It is truly a joy to get out of Washington DC, and meet our great installation Retirement Services officers – and the wonderful Army Retirees, Spouses and Surviving Spouses who gather at these events. At each location I am reminded of the rich legacy of our United States Army. It never fails to impress me to watch the large number of volunteers who jump in and insure success at a wide variety of levels at each RAD event. Their enthusiasm is real; their dedication that ensures success is essential. Being out at your installation, meeting you and your installation team and watching our young Soldiers watching you – and being inspired by your tireless service, is worth every mile traveled to be a witness to the old and inspirational phrase: “...and the Army keeps rolling along!” Thank YOU!!

Finally, I want to comment on a very important program that our Army has developed for our Soldiers called “Comprehensive Soldier Fitness” and the emphasis our senior Army leaders are placing on that program. GEN Casey’s lead article reminds us of the very complex world our Soldiers and Families live in today. Situations on the battlefield (and in the more than 120 countries where we have boots on the ground), coupled with the uncertain economic picture here at home create seemingly unmanageable situations for some of our Soldiers. Comprehensive Soldier Fitness is a program

that begins with a short survey aimed at identifying individual shortfalls in five critical areas that comprise the total Soldier: Physical, Emotional, Social, Family and Spiritual. The goal is to identify Soldiers who may have serious issues in one or more of these areas; and then help them develop coping skills so they can lead productive lives as Soldiers and later as civilians once they depart the Army. This new innovative approach has the personal support of GEN Casey and the entire Army chain of command. I firmly believe this program will strengthen our entire U.S. Army, and each individual Soldier and their Family who needs some form of assistance in one or more of these components of life.

Lastly, keep our Soldiers and Families, and our great Nation, in your thoughts and prayers!! It is my honor to serve you.

John W. Radke  
Chief, Army Retirement Services  
COL, USA Retired



## Obama Signs Veterans Health Care Legislation

**WASHINGTON (AFNS)** – The Veterans Healthcare Reform and Transparency Act fundamentally changes how the Department of Veterans Affairs receives health care funding. The reform calls for appropriations a year in advance after more than two decades of regular budget delays, President Obama said from the White House East Room.

“Over the past two decades, the VA budget has been late almost every year, often by months,” the president said. “At this very moment, the VA is operating without a budget, making it harder for VA medical centers and clinics to deliver the care our vets need.”

President Obama said that because of budget shortfalls, new doctors, nurses and critical staff aren’t hired on time. New health care facilities and programs often are put on hold, leaving Veterans to pay the price for the government’s neglect, he said.

“This is inexcusable. It’s unacceptable. It’s time for it to stop,” he said. “And that’s just what we’ll do with this landmark legislation.”

The law gives the VA more funding predictability so officials can better budget their needs, recruit better-trained professionals and upgrade equipment. Mostly, President Obama said, the law gives Veterans better access to quality care.

“In short, this is common-sense reform,” he said. “It promotes accountability at the VA. It ensures oversight by

Congress. It is fiscally responsible by not adding a dime to the deficit, and it ensures that Veterans’ health care will no longer be held hostage to the annual budget battles in Washington.

“Keeping faith with our Veterans is work that is never truly done,” he continued. “Today’s Veterans expect and deserve the highest quality care, as will tomorrow’s Veterans, especially our men and women in Iraq and Afghanistan.”

President Obama pledged his administration would continue efforts to build a 21st-century VA. Since he’s taken office, the White House, VA and Pentagon have been working to “cut the red tape and backlogs,” he said.



He noted the administration has invested in mobile clinics to give Veterans in rural areas better access, and cited the VA and Pentagon’s work to develop a single health care record for servicemembers to make their transition out of the military a simpler process.

President Obama also vowed to end homelessness among Veterans and praised the success of the Post-9/11 GI Bill, which offers qualified Veterans better opportunities to attain higher education and training.

“All told, we have made the biggest commitment to Veterans, the largest percentage increase in the VA budget in more than 30 years,” he said. “As a nation, we’ll pledge to fulfill our responsibilities to our Veterans, because our commitment to our Veterans is a sacred trust, and upholding that trust is a moral obligation.”

## Online TRICARE Plan Wizard

The Plan Wizard is an online tool that helps you understand which TRICARE options you may be eligible for. This wizard does not determine eligibility. Eligibility is determined by the uniformed services and reported to the Defense Enrollment Eligibility Reporting System (DEERS). All eligible beneficiaries must have their eligibility status recorded in DEERS.

When you go to the wizard at [www.tricare.mil/mybenefit/home/overview/PlanWizard.jsp](http://www.tricare.mil/mybenefit/home/overview/PlanWizard.jsp), you will be asked between 5 and 17 questions. After responding, you’ll be shown a list of plans you may be eligible for. The Plan Wizard will not save your personal information. You will have to start at the beginning of this wizard for each family member, as each member’s eligibility may differ.



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## Health Screening - When Should I Do What?

As you age, being aware of issues related to health becomes more important. Several illnesses appear more frequently with increasing age. For example, illnesses like high blood pressure (hypertension), diabetes, high blood cholesterol (hyperlipidemia) and some types of cancer. Screening is done to find a condition (or risk factor) in a person who has no signs or symptoms of that condition. The goal of screening is to identify conditions early. Treatment works better during an early stage of a condition.

Guidance for screening varies, depending on age, gender, past medical history, family history and other factors. Talk with your health care team about the screening tests that are recommended for you. The United States Preventive Services Task Force has studied the effectiveness of screening tests and suggested the following:



Guidance for Screening	
Health Measure	How Often
<b>Blood pressure</b> For High Blood Pressure, also known as Hypertension	At least every two years
<b>Lipid profile</b> For High Cholesterol, also known as Hyperlipidemia	Every 5 years. May need to be more often if already diagnosed with diabetes or heart disease
<b>Blood glucose</b> For High Blood Sugar, also known as Diabetes	Periodically in patients with blood pressure of 135/80 or higher
<b>Weight</b> For being more than 20 pounds overweight, also known as Obesity	Periodically
<b>Bone mineral density</b> For loss of bone health, also known as Osteoporosis	At least once in all women at age 65. May need to screen at age 60 if at increased risk for osteoporosis
<b>Ultrasound</b> For Abdominal Aortic Aneurism	Once in men ages 65 to 75 who have ever smoked
<b>Screening</b> (for Alcohol Use and Depression)	Periodically

Guidance for Screening	
Health Measure	How Often
<b>Fecal occult blood test (FOBT)</b> (for Colorectal Cancer)	For persons age 50 to 75 - Annually
<b>Sigmoidoscopy</b> (for Colorectal Cancer)	Every 5 years
<b>Colonoscopy</b> (for Colorectal Cancer)	Every 10 years
<b>Mammogram</b> (for Breast Cancer)	Every 1-2 years
<b>Pap Smear</b> (for Cervical Cancer)	At least every 3 years, stopping at age 65 if previous Pap Smears normal
Guidance for Immunizations	
Vaccine	How Often
<b>Influenza Vaccine</b>	Annually
<b>Pneumonia Vaccine</b>	Once at age 65. May be recommended earlier for persons at increased risk of complications of pneumonia
<b>Shingles Vaccine</b>	Once at age 60 or later for most people
<b>Tetanus Vaccine</b>	Every 10 years

## Notice To Military Retirees Using Department Of State Mail Services

Effective immediately, military Retirees and employees of DoD contractors will no longer receive mail services at Embassies or Consulates, unless the individuals are working in an official capacity for the Department of State (DoS) or an agency attached to the Embassy or Consulate that is supported under the International Cooperative Administrative Support Services system.

To ensure your mail is properly forwarded, please complete a change of address form and return it to the post office located in the Embassy/Consulate. You must notify your correspondents (family, friends, banks, credit card companies, magazine subscriptions, etc.) of your new mailing address.



For any questions or inquiries regarding this notice, please contact the Military Postal Service Agency at [MPSA-Inquiry@conus.army.mil](mailto:MPSA-Inquiry@conus.army.mil).

For those using TRICARE Mail Order Pharmacy (TMOP), please be prepared to pay for the entire cost of your medications and file a manual claim with the TRICARE overseas claims processor for reimbursement after the deductible is met. To file a claim, use DD Form 2642 Patient's Request for Medical Payment, available under the "Forms" tab located on the TRICARE website at [www.TRICARE.mil](http://www.TRICARE.mil).

## Medicare Part D Prescription Drug Coverage



Medicare's prescription drug coverage, Medicare Part D, is available to anyone who's eligible for Medicare (Part A and/or Part B). Note: Beneficiaries who live in overseas areas (non-U.S. territories) or who are in prison are not eligible for Medicare Part D.

You don't need to enroll in a Medicare Part D prescription drug plan to keep your TRICARE benefits. If you decide to enroll in a Medicare Part D prescription

drug plan outside of your Initial Enrollment Period, you won't be required to pay the Medicare Part D late enrollment penalty because TRICARE prescription drug coverage is creditable coverage.

For the most up-to-date information on Medicare prescription drug coverage, visit the Medicare Part D website at [www.medicare.gov/pdphome.asp](http://www.medicare.gov/pdphome.asp) or call 1-800-MEDICARE.

## TRICARE Offers Options for Beneficiaries Struggling with Weight

**FALLS CHURCH, VA** - TRICARE beneficiaries whose weight poses a serious health risk have surgical alternatives available to them. For those who medically qualify, TRICARE covers gastric bypass, gastric stapling and gastroplasty procedures including vertical banded gastroplasty and laparoscopic adjustable gastric banding, commonly known as Lap-Band surgery.

These procedures are covered for non-active duty beneficiaries who suffer from morbid obesity and meet specific medical criteria. For a TRICARE beneficiary to medically qualify, he or she must weigh 100 pounds or more over their ideal weight for height and bone structure, and the excess weight must be associated with a severe medical condition. Beneficiaries who weigh more than twice their ideal weight for

height and bone structure are also eligible.

Additionally, TRICARE covers surgery for beneficiaries who had a previous intestinal bypass or other surgery for obesity and, because of complications, require a second surgery.

"TRICARE covers procedures that have been proven safe and effective, and are accepted by the medical community," said John Kugler, chief medical officer, TRICARE Management Activity. "For some beneficiaries, gastric surgery may be the right course of action to preserve their health."

Details of TRICARE's coverage of surgical treatments for morbid obesity are available in Chapter 4, Section 13.2 of the TRICARE Policy Manual, and can be found at [www.manuals.TRICARE.osd.mil](http://www.manuals.TRICARE.osd.mil).

## TRICARE Offers New and Improved Pharmacy Benefits

**FALLS CHURCH, VA** – The TRICARE Management Activity is introducing significant new enhancements to beneficiaries as it combines its mail-order and retail pharmacy contracts into one new contract called TRICARE Pharmacy.

The improvements to the TRICARE Pharmacy program include the Specialty Medication Care Management program in the mail-order pharmacy; expansion of the Member Choice Center providing assistance to help beneficiaries to switch their military treatment facility prescriptions to mail-order; and one call center phone number: 1-877-363-1303.

The Specialty Medication Care Management program is for beneficiaries using the mail-order pharmacy for their specialty medications. It is structured to improve their health through continuous health evaluation, ongoing monitoring, assessment of education needs and management of medication use.

"TRICARE beneficiaries will be pleased to know that to get this improved benefit they don't have to do anything," said Rear Adm. Thomas McGinnis, TRICARE Management Activity's chief pharmacy officer. "No calls, no paperwork. Beneficiaries don't have to re-enroll. All co-pays stay the same and the network remains essentially unchanged."

Express Scripts, Inc. was selected to provide mail-order, retail and specialty pharmacy services for the TRICARE Pharmacy program. This program will provide outpatient prescription drugs to 9.5 million beneficiaries.

Express Scripts currently handles millions of prescriptions each year through mail-order and retail pharmacies. For more information visit [www.TRICARE.mil/pharmacy](http://www.TRICARE.mil/pharmacy) or [www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE), or call 1-877-363-1303.

## Breast Cancer Screening: Early Detection is Key

**FALLS CHURCH, VA** - Almost 1.5 million people in the United States were diagnosed with cancer in 2009. For American women, breast cancer is the second-leading cause of cancer deaths.

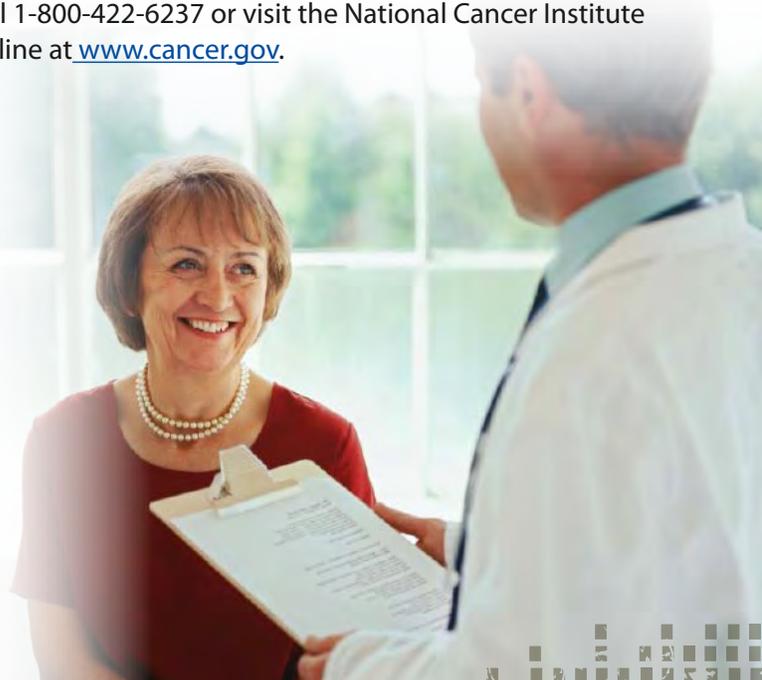
TRICARE and the National Cancer Institute urge women 40 and older to have a mammogram every one to two years. Women younger than 40, but with risk factors for breast cancer, should ask their health care provider when and how often they should have a mammogram. To make it easier for women to get mammograms, TRICARE beneficiaries in specific age and risk categories have no copayment for mammograms.

The American Cancer Society and the Susan G. Komen foundation advocate that women be "aware" of their breasts rather than do a formalized self-examination procedure a few days after the menstrual period once a month.

TRICARE's clinical preventive services cover annual mammograms for women age 40 and older. A mammogram is an x-ray of the breast that can detect lumps up to two years before they can be felt. When breast cancer is caught early,

before it can be felt or cause symptoms, it is also easier to treat. Women 40 and older should have a screening mammogram every year. While mammograms can miss some cancers, they are still a very good way to find breast cancer.

TRICARE beneficiaries can find information about breast cancer exams and screening at [TRICARE.mil/mybenefit/jsp/Medical](http://TRICARE.mil/mybenefit/jsp/Medical). For more information about breast cancer, call 1-800-422-6237 or visit the National Cancer Institute online at [www.cancer.gov](http://www.cancer.gov).



## TRICARE Area Office Eurasia-Africa Serves Wide Area

**FALLS CHURCH, VA** - TRICARE Area Office (TAO) Europe has changed its name to TRICARE Area Office Eurasia-Africa. The new title does not add any new territory to the area the TAO supports, but rather recognizes the office's responsibilities extend far beyond the European continent.

"With the continued growth of the TRICARE Area Office's area of responsibility to include the Central Command and Africa Command areas, the old name reflected less than 20 percent of the geography for which we were responsible," TAO Eurasia-Africa Director Air Force Col. Charles Williams explained. "The new title helps beneficiaries seeking health care assistance outside of Europe, but within our service

area, to direct their questions and issues to the appropriate support office."

TAO Eurasia-Africa supports the European and African continents, all Middle Eastern countries, Pakistan, Russia and several former Soviet Republics including the Baltic States, Ukraine, Georgia, Kazakhstan, Kyrgyzstan and Uzbekistan. TAO Pacific also supports TRICARE beneficiaries on the Asian continent in India, China, Southeast Asia, the Korean Peninsula, Taiwan and Japan.

For more information, call (within Germany) 06302-67-6314, (outside U.S.) 011-49-6302-67-6314 or visit online at [www.TRICARE.mil/tma/EurasiaAfrica/](http://www.TRICARE.mil/tma/EurasiaAfrica/).

## 2010 Budget & NDAA: What They Mean to You

A key highlight was the cancellation of the TRICARE-Standard In Patient fee increases originally announced by the Pentagon. However, before signing the bill, SBP/DIC offsets were eliminated, along with expanded Concurrent Receipt for Chapter 61 Retirees. Under House and Senate budget rules, Congress must offset increases in mandatory spending with cuts in other entitlement programs or increased revenues. Although the House included offsets sufficient to authorize nine months, those offsets did not comply with Senate budget rules and could not be included. Listed below are a summary of highlights in the budget.

### INCREASED FUNDING AND EXPANSION OF BENEFITS

- ★ Increases funding for the VA by \$25 billion above the baseline over the next five years. The President's budget takes the first step toward increasing funding for the VA by \$25 billion during the next five years in order to honor our nation's Veterans and expand the services they receive.
- ★ Dramatically increases funding for VA health care. This funding also enables the VA to create Centers of Excellence and provides additional Veteran-oriented specialty care in areas including prosthetics, vision and spinal cord injury, aging and women's health.
- ★ Restores health care eligibility for modest-income Veterans. The President's budget expands eligibility for the VA health care to non-disabled Veterans earning modest incomes.
- ★ Enhances outreach and services related to mental health care and cognitive injuries with a focus on access for Veterans in rural areas. VA will increase the number of Vet Centers and mobile health clinics to expand access to mental health screening and treatment in rural areas. In addition, new funding will help Veterans and their Families to stay informed of these resources and encourage them to pursue needed care.
- ★ Retired Reservists can now enroll in TRICARE Standard before the age of 60, as long as they agree to pay the entire TRICARE Standard premium.

### TECHNOLOGY FOR IMPROVED SERVICE DELIVERY

Invests in better technology to deliver services and benefits to Veterans with the quality and efficiency they deserve. Through improved electronic medical records, the VA will more efficiently retrieve active duty health records from the Department of Defense and enable all VA care sites to access the records of Veterans needing care.

### COMPREHENSIVE EDUCATIONAL BENEFITS

Facilitates timely implementation of the comprehensive education benefits Veterans earn through their dedicated service. This budget provides the resources for effective implementation of the Post-9/11 GI Bill – providing unprecedented levels of educational support to the men and women who have served our country through active military duty.

### RESERVE RETIRED PAY

Under Sec. 642 of the law, if a member of the Retired Reserve is recalled to an active status in the Selected Reserve of the Ready Reserve and completes not less than two years of service, the member is entitled to the recomputation of retired pay and (if a commissioned officer) adjustment in the retired grade. Sec. 643 of the law provides that a Retiree who attained eligibility for a regular retirement has the option of electing to receive retired pay as a non-regular Retiree after performing service in an active Reserve status.

The President's budget expands the VA's current services to homeless Veterans through a collaborative pilot program with nonprofit organizations. This pilot will help to maintain stable housing for Veterans who are at risk of falling into homelessness while helping the VA to continue providing them with supportive services.





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## TRICARE Retiree Dental Premium Increase

Premium rates for single, two-person and family enrollments were scheduled to increase minimally this year, and will increase again each subsequent contract year, per the requirements of Delta Dental's contract with the Department of Defense to administer the TRDP that began on October 1, 2008.

Enhanced Program premium rates for the current contract year (October 1, 2009 through September 30, 2010) can be located by logging on to the TRDP web site, [www.trdp.org](http://www.trdp.org).

Enrollees who began their TRDP coverage in October of 2008 have now satisfied their 12-month waiting

period and are therefore eligible for major services like crowns, bridges, dentures, dental implant services and orthodontics. Since routine services like checkups, cleanings and x-rays do not count against the maximum, TRDP enrollees begin well ahead of the premium increase that occurs each October 1.

## TRDP Coverage Can Benefit Denture Wearers, Too

Many people think that because they wear dentures they no longer need to see the dentist. However, there are many reasons why it is important for denture wearers to continue to have regular dental checkups:

- ★ The dentist can examine oral tissues for signs of disease or cancer.
- ★ During aging, your mouth continues to change as the bone under your denture shrinks or recedes, so the dentist may find it necessary to adjust your denture occasionally or possibly even remake your denture to maintain a proper fit.

★ Your dentist can show you how to continue to properly care for your dentures once they are comfortable and in place.

The Enhanced TRICARE Retiree Dental Program (TRDP) provides coverage for routine oral examinations at 100 percent of the program allowed amount, with no applicable deductible or annual maximum. After 12 months of enrollment in the TRDP, removable and fixed dentures, denture adjustments and related denture maintenance procedures are covered at 50 percent of the allowed amount.

Find out more information about dentures on the Academy of General Dentistry's web site at [www.agd.org](http://www.agd.org).

## Oral Health: Certain Factors Increase Risk for Cavities

Cavities are one of the most common worldwide health problems, and everyone who has teeth is at risk of getting them. These risk factors include (but not limited to):

- ★ **Tooth location.** Tooth decay most frequently occurs in the back teeth. Plaque can build up between these back teeth and bacteria can thrive, producing acid that destroys the enamel.
- ★ **Bottled water.** Adding fluoride to public water supplies has helped decrease tooth decay by offering protective minerals for tooth enamel. With bottled water you may miss out on the protective benefits of fluoride.
- ★ **Older age.** An increasing number of older adults still have their natural teeth. However, over time, teeth can wear down and the gums may recede, making teeth more vulnerable to tooth decay and cavities. Older

adults also may use more medications that can reduce saliva flow, increasing the risk of tooth decay.

- ★ **Dry mouth.** Saliva has an important role in preventing tooth decay. It washes away food and plaque from your teeth. Minerals found in saliva help repair early tooth decay. Saliva also limits bacterial growth and neutralizes damaging acids in your mouth.
- ★ **Heartburn.** Gastroesophageal reflux disease (GERD), acid reflux and heartburn can cause stomach acid to flow into your mouth, wearing away the enamel of your teeth. Untreated reflux can cause significant tooth damage that is costly to correct.

Keep a healthy mouth for a healthy lifestyle. Make time to see your dentist for regular checkups. More information available at [www.trdp.org](http://www.trdp.org).

## Widows Victory

Up to 700 widows who remarried after age 57 and draw VA Dependency and Indemnity Compensation (DIC) will see full SBP restored, plus back payments worth thousands of dollars, in the wake of a recent appeals court victory brought by three military widows.

The U.S. Court of Appeals for the Federal Circuit ruled Aug. 26 in *Sharp v. United States* that Defense officials erred in January 2004 after passage of the Veterans Benefits Act of 2003, which restored eligibility for DIC to Surviving Spouses who remarry after age 57. DoD began reducing SBP again for these widows by the amount of DIC restored.

The appeals court upheld a lower court decision that this violated the plain language of the law which made these widows the first survivors eligible for concurrent receipt of both SBP, which their husbands paid for in premiums, and DIC. Defense officials said they won't appeal the ruling.

The Defense Finance and Accounting Service will begin notifying eligible Surviving Spouses that full SBP is being restored and retroactive payments will be calculated back to Jan. 1, 2004, or date of remarriage after 57, whichever is later. Back payments could total more than \$9 million.

## Survivor Benefit Plan - A Smart Choice for Retirees

"The Survivor Benefit Plan (SBP) is one of the most important decisions a Soldier makes at retirement because it has a profound effect on the future wellbeing of the Soldier's family," said Army Survivor Benefit Plan program manager, Bill Hursh. "To ensure retiring Soldiers make an informed SBP decision, Department of the Army certified SBP counselors at 103 locations worldwide provide retiring Soldiers with SBP standardized briefings and counseling."

A 40-year-old Retiree with a 38-year-old wife who elects full SBP coverage on a \$2,000 monthly retirement could expect to pay \$47,703 in total premiums if he died at age 65. If his widow were to live to age 82, she would receive \$401,897 in SBP.

SBP sign-up rates in fiscal 2008, the latest data available, show that only 68 percent of married Navy members and 70 percent of married Marines elected SBP coverage as they retired. By contrast, 85 percent of new Army Retirees and 82 percent of new Air Force Retirees are buying coverage.

Why is it such a good deal? For starters, the government subsidizes 47 percent of the cost, said Gary McGee, assistant director for military pay policy in the Office of the Secretary of Defense. Commercial life insurance plans aren't subsidized. Indeed, insurance companies set their rates at least high enough to make a profit.

McGee calls SBP a "great benefit." Enrollees pay premiums equal to 6.5 percent of monthly retired pay. These are 'before tax' dollars, which already is an advantage over premiums paid for commercial insurance, which are after-tax dollars. This can make a significant difference," McGee said.



If a member dies before the spouse – a probability of about 68 percent given relative ages and gender differences – the Surviving Spouse gets an SBP annuity equal to 55 percent of covered retired pay.

"I don't really envision anybody who should opt out of this unless they think by taking that 6.5 percent [of] retired pay, they could invest that someplace where they could get a return equal to the amount of subsidization, which is nearly 50 percent," said McGee. "Each service runs its own SBP program.

"In terms of explaining it to their folks, I'd say the Army is very effective," McGee said. "Both their officers and their enlisted rates are very close (85 percent for enlisted, 86 percent officers). But when you look at the Navy, there's a large difference (66 percent for enlisted, 75 percent for officers). The Marines are similar (68 percent and 75 percent). The Air Force looks much like the Army in that the enlisted rate is only one percent lower (81 versus 82 for officers)."



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## Your Pay - What Happens When a Retiree Dies

To begin with, it is extremely important that the Surviving Spouse or annuitant contact DFAS immediately to notify them of the Retiree's death.

Retired pay and entitlement to allotments end with the death of the retiree. No further allotment payments may be made after receipt of notice of the allottee's death. Therefore, if payment of premiums for insurance or other important bills are being paid out of the Retiree's pay account, arrangements need to be made (as a backup plan) for those payments to be made from another account. This will ensure accounts (especially if medical insurance payments are being made) remain current and the Surviving Spouse or family member(s) are still covered without a lapse in coverage.

Deductions made from the Retiree's pay, but not paid to the allottee, become part of the arrears (retired pay for days Retiree lived in month of death) of retired pay. Any check or bond issued and mailed to a recipient for which entitlement does not exist must be recovered immediately by the issuing office.

It is important to note that the Survivor Benefit Plan (SBP) annuity does not automatically start after the death of a Retiree, as this is a separate entitlement, and DFAS must have an application in order to establish it. (Note: Survivors of Retirees do not receive SBP unless the Retiree has elected SBP and paid for coverage, usually through deductions from retired pay.) DFAS will provide the Retiree's survivors the SBP annuity and arrears of pay paperwork. The deceased Retiree's survivors can also

contact their Retirement Services Officer (RSO) for assistance. The RSO contact information is published in each issue of *Army Echoes* (pg. 13) and is also available on the Army RSO's homepage at [www.armyg1.army.mil/retire](http://www.armyg1.army.mil/retire).

Here is a full list of information required on the annuity application before DFAS can accept it:

### Deceased Member Information

- Name
- SSN

### Annuitant Information

- Name
- SSN  
(If blank or "None" applicant must complete Item 8 "Are you a US Citizen?")
- Correspondence Mailing Address
- Relationship to the member
- Date of marriage  
(Were you legally married to the deceased member at the time of death? If you are the second spouse DFAS will need a copy of the marriage certificate and need to know what happened to the first spouse.)
- Signature of applicant
- Date signed

If the signature on the application is not of the annuitant, then DFAS requires a copy of the Power of Attorney. If the annuitant is incapacitated, DFAS requires a copy of a Legal Representative application and/or a Representative Payee application filled out and a copy of a doctor's note stating his/her incapacity.

## VA to Provide Payments to Eligible Surviving Spouses

The VA announced immediate actions to quickly identify and pay Surviving Spouses who are eligible to receive the deceased Veteran's VA compensation or pension benefit for the month of the Veteran's death.

This benefit is only payable to Surviving Spouses of Veterans who were receiving VA compensation or pension benefits at the time of their death.

Because VA does not always know if a Veteran is survived by a spouse, some Surviving Spouses have not received the month-of-death benefit to which they are entitled.

If you are a Surviving Spouse of a Veteran who was receiving VA benefits at the time of death and believe you may be eligible for the month-of-death benefit, please go to [www.va.gov](http://www.va.gov) and provide the information requested. VA will determine your eligibility.

VA has also established a special Survivors' Call Center for spouses who believe they may be entitled to this retroactive month-of-death benefit.

Surviving Spouses are encouraged to contact the Survivors' Call Center at the toll-free telephone number, 1-800-749-8387. The Call Center is open Monday through Friday from 7:00 am to 7:00 pm Central Standard Time.

For more information, contact DFAS at 1-800-321-1080 or go to [www.dfas.mil](http://www.dfas.mil).



## Post-9/11 GI Bill Transferability Fact Sheet

Individuals who served at least 90 days of aggregate service after September 10, 2001 are eligible. Contact the VA for any specific questions about your eligibility for Post 9/11 GI Bill at 1-888-GIBILL-1 (1-888-442-4551).

### Post-9/11 GI Bill Transferability

A special provision of the Post-9/11 GI Bill program allows career servicemembers the opportunity to share their education benefits with immediate family members.

Note: The following information represents the current DoD policy, which is subject to change.

### Eligible Individuals

For those individuals eligible for retirement on August 1, 2009, no additional service is required.

For those individuals who have an approved retirement date after August 1, 2009, and before July 1, 2010, no additional service is required.

For those individuals eligible for retirement after August 1, 2009, and before August 1, 2010, one year of additional service after approval of transfer is required.

### Eligible Family Members

An individual approved to transfer an entitlement to educational assistance under this section may transfer the individual's entitlement to a spouse, one or more children or any combination of the two.

A family member must be enrolled in the Defense Eligibility Enrollment Reporting System (DEERS) and be eligible for benefits at the time of transfer to receive transferred educational benefits.

A child's subsequent marriage will not affect his or her eligibility to receive the educational benefit; however, after an individual has designated a child as a transferee under this section, the individual retains the right to revoke or modify the transfer at any time.

A subsequent divorce will not affect the transferee's eligibility to receive educational benefits; however, after an individual has designated a spouse as a transferee under this section, the eligible individual retains the right to revoke or modify the transfer at any time. Find more information at [www.gibill.va.gov](http://www.gibill.va.gov).

## My HealtheVet

My HealtheVet is an e-health website, which offers Veterans, active duty Soldiers, their dependents and caregivers anywhere, anytime Internet access to VA health care information and services. It empowers Veterans to become informed partners in their health care. With My HealtheVet, America's Veterans can access trusted, secure and current health and benefits information, as well as record and store important health and military history information at their convenience. Registering and using My HealtheVet is easy and it's free!



In addition, Veterans who receive their health care at a VA facility receive additional features, like online refill of VA medications any time, anywhere – as long as there is access to the Internet!

Veterans who receive care at a VA facility should ask about In-Person Authentication (IPA). IPA is a process used as an additional safety and security measure to verify a My HealtheVet user's identity.

After this one-time IPA process is complete, Veterans will have full access to their online Personal Health Record as it becomes available. Not only will they be able to refill their VA medications by name and view their VA Wellness Reminders, but in the future they also will be able to communicate electronically with participating VA health care providers through Secure Messaging and get VA Appointment Reminders and view VA Appointments, as well as view VA lab results.

Take charge of your health and log on today:  
[www.myhealth.va.gov](http://www.myhealth.va.gov).





# ECHOES

## VA Burial and Memorial Benefits

### Eligibility

The Veteran does not have to pre-decease a spouse or dependent child for them to be eligible.

Reservists and National Guard members, as well as their spouses and dependent children, are eligible if they were entitled to retired pay at the time of death, or would have been if over age 60.

### Burial in VA National Cemeteries

Burial in a VA national cemetery is available for eligible Veterans, their spouses and dependents at no cost to the Family and includes the gravesite, grave-liner, opening and closing of the grave, a headstone or marker and perpetual care as part of a national shrine. For Veterans, benefits also include a burial flag and military funeral honors. Family members and other loved ones of deceased Veterans may request Presidential Memorial Certificates.

VA operates 125 national cemeteries, of which 65 are open for new casketed interments and 21 are open to accept only cremated remains.

**Surviving Spouses** of Veterans who died on or after January 1, 2000, do not lose eligibility for burial in a national cemetery if they remarry. Burial of dependent children is limited to unmarried children under 21 years of age, or under 23 years of age if a full-time student at an approved educational institution.

**Headstones and Markers:** Veterans, Retired Reservists and National Guard service-members are eligible for an inscribed headstone or marker for their grave at any cemetery – national, state Veterans or private.

**Inscription:** Headstones and markers must be inscribed with the name of the deceased, branch of service and year of birth and death.

**Private Cemeteries:** To apply for a headstone or marker for a private cemetery, mail a completed VA Form 40-1330 (available at [www.va.gov/vaforms/va/pdf/VA40-1330.pdf](http://www.va.gov/vaforms/va/pdf/VA40-1330.pdf)), Application for Standard Government Headstone or Marker, and a copy of the Veteran's military discharge document to Memorial Programs Service (41A1), Department of Veterans Affairs, 5109 Russell Rd., Quantico, VA 22134-3903. The application and supporting documents may also be faxed toll-free at 1-800-455-7143.

**Presidential Memorial Certificates** are issued upon request to recognize the military service of honorably discharged deceased Veterans. Next of kin, relatives and friends may apply for a certificate by mailing a completed VA Form 40-0247, Presidential Memorial Certificate Request Form and a copy of the Veteran's military discharge document to Presidential Memorial Certificates (41A1C), Department of Veterans Affairs, 5109 Russell Rd., Quantico, VA 22134-3903. The request form and supporting documents may also be faxed toll free at 1-800-455-7143.

**Burial Flags:** VA will furnish a U.S. burial flag for memorialization of Veterans who were entitled to retired pay for service in the Reserve or National Guard, or would have been entitled if over age 60.

**Burial Allowance:** VA will pay a \$300 burial and funeral allowance for Veterans who, at time of death, were entitled to receive pension or compensation or would have been entitled if they weren't receiving military retirement pay.

**Military Funeral Honors:** Upon request, DoD will provide military funeral honors consisting of folding and presentation of the United States flag and the playing of "Taps."

Family members should inform their funeral directors if they want military funeral honors. DoD maintains a toll-free number (1-877-MIL-HONR) for use by funeral directors only to request honors.

### Veterans Cemeteries Administered by Other Agencies

Arlington National Cemetery: Administered by the Department of the Army. Eligibility is more restrictive than at VA national cemeteries. For information, call (703) 607-8000, write Superintendent, Arlington National Cemetery, Arlington, VA 22211, or visit [www.arlingtoncemetery.org](http://www.arlingtoncemetery.org).

**State Veterans Cemeteries:** Sixty-nine state Veterans cemeteries offer burial options for Veterans and their Families. These cemeteries have similar eligibility requirements but usually require some residence. Some services, particularly for Family members, may require a fee. Contact the state cemetery or state Veterans Affairs office for information. To locate a state Veterans cemetery, visit [www.cem.va.gov/cem/scg/lsvc.asp](http://www.cem.va.gov/cem/scg/lsvc.asp).



Do you have questions on benefits, SBP, Retiree Appreciation Days or anything else retirement-related? Then contact the RSO for your area or go to the Army Retirement Services website <http://www.armyg1.army.mil/retire> (That's the number 1 after the g).

## STATE/TERRITORY RSOs

(states/territories without Army installations list the RSO serving that area)

### ALABAMA

- Redstone Arsenal (256) 876-2022 [cynthia.anderson1@redstone.army.mil](mailto:cynthia.anderson1@redstone.army.mil)
- Ft Rucker (334) 255-9124 [ruck.retirees@conus.army.mil](mailto:ruck.retirees@conus.army.mil)

### ALASKA

- Ft Richardson 1-800-478-7384 (AK only) (907) 384-3500 [rso@richardson.army.mil](mailto:rso@richardson.army.mil)
- Ft Wainwright (907) 353-2102 [fwarso@wainwright.army.mil](mailto:fwarso@wainwright.army.mil)

### ARIZONA

- Ft Huachuca (520) 533-5733 [FtHuachucaRSO@hua.army.mil](mailto:FtHuachucaRSO@hua.army.mil)

### ARKANSAS

Ft Sill, OK

### CALIFORNIA

Presidio of Monterey (831)242-5976 [fernando.casao@us.army.mil](mailto:fernando.casao@us.army.mil)

### COLORADO

Ft Carson (719) 526-2840 [retirement-services@carson.army.mil](mailto:retirement-services@carson.army.mil)

### CONNECTICUT

West Point, NY

### DELAWARE

Ft Meade, MD

### D.C.

Ft Myer, VA

### FLORIDA

- Central & West MacDill AFB (813) 828-0163 [army.rso@macdill.af.mil](mailto:army.rso@macdill.af.mil)
- Rest of FL Ft Stewart, GA

### GEORGIA

- Ft Benning (706) 545-1805 [benn.g1hrd.rso@benning.army.mil](mailto:benn.g1hrd.rso@benning.army.mil)
- Ft Gordon (706) 791-2654 [tim.a.wilson@us.army.mil](mailto:tim.a.wilson@us.army.mil)
- Ft McPherson (404) 464-3219 [rso.mcpherson-a@conus.army.mil](mailto:rso.mcpherson-a@conus.army.mil)
- Ft Stewart (912) 767-5013 [rso@stewart.army.mil](mailto:rso@stewart.army.mil)

### HAWAII

Schofield Barracks (808) 655-1514 [rso@schofield.army.mil](mailto:rso@schofield.army.mil)

### IDAHO

Ft Carson, CO, or Ft Lewis, WA

### ILLINOIS

Ft L. Wood, MO; Ft McCoy, WI; Ft Knox, KY

### INDIANA

Ft Knox, KY

### IOWA

Ft McCoy, WI

### KANSAS

- Ft Leavenworth (913) 684-2425 [Leav-RSO@conus.army.mil](mailto:Leav-RSO@conus.army.mil)
- Ft Riley (785) 239-3320 [rso@riley.army.mil](mailto:rso@riley.army.mil)

### KENTUCKY

- Ft Campbell (270) 798-5280 [camp.retire@conus.army.mil](mailto:camp.retire@conus.army.mil)
- Ft Knox (502) 624-1765 [knox.rso@conus.army.mil](mailto:knox.rso@conus.army.mil)

### LOUISIANA

Ft Polk (337) 531-0363 [polk\\_rso@conus.army.mil](mailto:polk_rso@conus.army.mil)

### MAINE

Ft Drum, NY

### MARYLAND

- Aberdeen Pr. Grd. (410) 306-2320 [imnearpghr@apg.army.mil](mailto:imnearpghr@apg.army.mil)
- Ft Meade (301) 677-9603 [mderso@conus.army.mil](mailto:mderso@conus.army.mil)

### MASSACHUSETTS

West Point, NY

### MICHIGAN

- Ft McCoy, WI
- Lower MI Selfridge ANGB (586) 239-5580 (or Ft McCoy)

### MINNESOTA

Ft McCoy, WI

### MISSISSIPPI

Ft Rucker, AL

### MISSOURI

Ft Leonard Wood (573) 596-0947 [leon.agretsvcs@conus.army.mil](mailto:leon.agretsvcs@conus.army.mil)

### MONTANA

Ft Lewis, WA

### NEBRASKA

Ft Riley, KS

### NEVADA

Presidio of Monterey, CA

### NEW HAMPSHIRE

Ft Drum, NY

### NEW JERSEY

- Ft Dix (609) 562-2666 [rsodix@conus.army.mil](mailto:rsodix@conus.army.mil)
- Ft Monmouth (732) 532-4673 [jacqueline.moura@us.army.mil](mailto:jacqueline.moura@us.army.mil)

### NEW MEXICO

Ft Bliss, TX

### NEW YORK

- Ft Drum (315) 772-6434 [drum.rso@conus.army.mil](mailto:drum.rso@conus.army.mil)
- Ft Hamilton (718) 630-4552 [wanda.mills@us.army.mil](mailto:wanda.mills@us.army.mil)
- Watervliet-Wed/Thurs (518) 266-5810 [wvarso@gmail.com](mailto:wvarso@gmail.com)
- West Point (845) 938-4217 [rso@usma.army.mil](mailto:rso@usma.army.mil)

### NO. CAROLINA

Ft Bragg (910) 396-5304 [braggrso@conus.army.mil](mailto:braggrso@conus.army.mil)

### NO. DAKOTA

Ft Riley, KS

### OHIO

Ft Knox, KY

### OKLAHOMA

Ft Sill (580) 442-2645 [rso.sill@conus.army.mil](mailto:rso.sill@conus.army.mil)

### OREGON

Ft Lewis, WA

### PENNSYLVANIA

- Carlisle Barracks (717) 245-4501 [carl\\_rso@conus.army.mil](mailto:carl_rso@conus.army.mil)
- Tobyhanna Army Depot (Tues/Wed/Thurs) (570) 895-7409 [tobyhanna.rso@us.army.mil](mailto:tobyhanna.rso@us.army.mil)

### RHODE ISLAND

West Point, NY

### SO. CAROLINA

Ft Jackson (803) 751-6715 [FJrso@conus.army.mil](mailto:FJrso@conus.army.mil)

### SO. DAKOTA

Ft Riley, KS

### TENNESSEE

Ft Campbell, KY

### TEXAS

- Ft Bliss (915) 568-5204 [BlissRSO@conus.army.mil](mailto:BlissRSO@conus.army.mil)
- Ft Hood (254) 287-5210 [hood.dhr.iag.retsvcs@conus.army.mil](mailto:hood.dhr.iag.retsvcs@conus.army.mil)
- Ft Sam Houston (210) 221-9004 [rso@samhouston.army.mil](mailto:rso@samhouston.army.mil)

### UTAH

Ft Carson, CO

### VERMONT

Ft Drum, NY

### VIRGINIA

- Ft Belvoir (703) 805-2675 [gwendilyn.lott@conus.army.mil](mailto:gwendilyn.lott@conus.army.mil)
- Ft Eustis (757) 878-3648 [eustis.rso@conus.army.mil](mailto:eustis.rso@conus.army.mil)
- Ft Lee (804) 734-6555 [leeemarso@conus.army.mil](mailto:leeemarso@conus.army.mil)
- Ft Monroe (757) 788-2093 [monr.fmretsvcoff@conus.army.mil](mailto:monr.fmretsvcoff@conus.army.mil)
- Ft Myer (703) 696-5948 [fmmc-rso@conus.army.mil](mailto:fmmc-rso@conus.army.mil)

### W. VIRGINIA

Ft Knox, KY

### WASHINGTON

Ft Lewis (253) 966-5884 [Lewis700PMCretirements@conus.army.mil](mailto:Lewis700PMCretirements@conus.army.mil)

### WISCONSIN

Ft McCoy 1-800-452-0923 [bill.g.walters@us.army.mil](mailto:bill.g.walters@us.army.mil)

### WYOMING

Ft Carson, CO

### PUERTO RICO

Ft Buchanan (787) 707-3842 [santiago.santiago@conus.army.mil](mailto:santiago.santiago@conus.army.mil)

## OVERSEAS RSOs

### Europe

06202-80-6080 [RSOAE@eur.army.mil](mailto:RSOAE@eur.army.mil)

### Germany

#### Ansbach

0981-183-3301 [RSOAnsbach@eur.army.mil](mailto:RSOAnsbach@eur.army.mil)

#### Bamberg

0951-300-9181 [RSOBamberA@eur.army.mil](mailto:RSOBamberA@eur.army.mil)

### Baumholder

06783-6-6080 [RSOBaumholder@eur.army.mil](mailto:RSOBaumholder@eur.army.mil)

### Grafenwoehr

09641-83-8814 [IMAE-GRAF.RSO@eur.army.mil](mailto:IMAE-GRAF.RSO@eur.army.mil)

### Heidelberg

06221-57-8399 [RSOHD@eur.army.mil](mailto:RSOHD@eur.army.mil)

### Kaiserslautern

0631-411-7333 [RSOKL@eur.army.mil](mailto:RSOKL@eur.army.mil)

### Mannheim

0621-730-3371 [RSOMA@eur.army.mil](mailto:RSOMA@eur.army.mil)

### Schweinfurt

09721-96-8812 [RSO.Schweinfurt@eur.army.mil](mailto:RSO.Schweinfurt@eur.army.mil)

### Stuttgart

07031-15-3442 [usag-s.rsc@eur.army.mil](mailto:usag-s.rsc@eur.army.mil)

### Wiesbaden

0611-705-7668 [RSOWiesbaden@eur.army.mil](mailto:RSOWiesbaden@eur.army.mil)

### Belgium

0032-65-44-6238 [RSO.usagbenelux@eur.army.mil](mailto:RSO.usagbenelux@eur.army.mil)

### England

see Kaiserslautern

### Italy/So. Europe/Africa/Mid-East

#### Vicenza

0444-71-7973 [RSOVicenza@eur.army.mil](mailto:RSOVicenza@eur.army.mil)

### Netherlands

0031-46-443-7320 [RSO.Schinnen@eur.army.mil](mailto:RSO.Schinnen@eur.army.mil)

### Japan

046-407-3940 [RSO@zama.army.mil](mailto:RSO@zama.army.mil)

### Okinawa

06117-44-4186 [RSO@okinawa.army.mil](mailto:RSO@okinawa.army.mil)

### Korea

0505-730-4133 [RSO@korea.army.mil](mailto:RSO@korea.army.mil)

## GUARD AND RESERVE RSO

Human Resources Command, St. Louis, MO, office serving all Guard and Reserve Retired Soldiers and their Families  
1-800-318-5298 ext 4 • (314) 592-0123 • [sheila.dorsey@us.army.mil](mailto:sheila.dorsey@us.army.mil) or [stephen.welch@us.army.mil](mailto:stephen.welch@us.army.mil)

**Army Retirement Services:** <http://www.armyg1.army.mil/retire>

**Army Echoes:** <http://www.armyg1.army.mil/rso/echoes.asp>

**Address Change:** See boxes on pg. 15. DON'T send to Echoes.

**Armed Forces Retirement Home:** 1-800-422-9988; 3700 N Capitol St, NW; Washington, DC 20011-8400; <http://www.afrh.gov>

**Army & Air Force Exchange Service:** <http://www.aafes.com>

**Army Career & Alumni Program:** <http://www.acap.army.mil>

**Army Emergency Relief:** 1-866-878-6378; (703) 428-0000; <http://www.aerhq.org>

**Army Homepage:** <http://www.army.mil>

**Army Knowledge Online:** <https://www.us.army.mil>

**Combat-Related Special Compensation:** 1-866-281-3254; <http://www.crsc.army.mil>; FAX -877-368-9208 (or 703-325-2956)

**Concurrent Retirement & Disability Payment:** 1-800-321-1080, <http://www.dfas.mil>, under "Retired Pay"

**Death – Report a Retired Soldier's Death:** Call local Installation Casualty Assistance Office or HQDA Casualty Operations Center, 1-800-626-3317; from overseas, call (703)325-7990 collect. <https://www.hrc.army.mil/site/active/tagd/cmaoc/cmaoc.htm>

**Arlington National Cemetery:** (703) 607-8585; <http://www.arlingtoncemetery.org>

**DEERS:** 1-800-538-9552; (831) 583-2500  
ID card records update in case of death or divorce: Contact nearest ID card facility: <http://www.dmdc.osd.mil/rsl/owa/home>

**Defense Commissary Agency:** <http://www.commissaries.com>

**Dental Plan:** 1-888-838-8737; <http://www.TRDP.org>

**Gulf War Homepage:** <http://www.gulflink.osd.mil>

**Health Beneficiary Counseling Assistance Coordinator:** <http://www.TRICARE.mil/bcacdcao>, or contact nearest military medical facility.

**Records – Replace DD Form 214, awards:** <http://vetrecs.archives.gov>  
National Personnel Records Center (Military Personnel Records); 9700 Page Ave.; St. Louis, MO 63132-5100



**Retired Army decal and pin:** Can be purchased at the retiree corner of your nearest AAFES stores or online at <http://www.aafes.com>, click on "Exchange Online Mall", choose USPT Gear, then choose retired gear.

**Space-available travel:** <http://www.amc.af.mil/amctravel/index.asp>

**Pay/SBP Inquiries** <http://www.dfas.mil>

**Pay inquiries and update of pay or SBP records in case of death, divorce or remarriage:**

(retiree) Defense Finance and Accounting Service; U.S. Military Retirement Pay; PO Box 7130; London, KY 40742-7130  
1-800-321-1080, (216) 522-5955

(SBP/RSFPP annuitant) Defense Finance and Accounting Service; U.S. Military Annuitant Pay; PO Box 7131; London, KY 40742-7131 1-800-321-1080; (216) 522-5955

**Pay Center FAX numbers:** (retiree) 1-800-469-6559; (216) 522-5955 (SBP/RSFPP annuitant) 1-800-982-8459

**Online account access:** <https://mypay.dfas.mil>

**Online contact info (includes e-mail link):** <http://www.dfas.mil/retiredpay/contactus.html>

**myPay customer service:**  
1-888-DFAS411 or 1-888-332-7411, Commercial 216-522-5096, or DSN 580-5096.

**Social Security** <http://www.ssa.gov>; 1-800-772-1213

(If overseas, contact the American Embassy/consulate, or go to <http://www.ssa.gov/foreign/phones.html> or FAX 410-597-1800.)  
Medicare <http://www.medicare.gov>; 1-800-633-4227

**Reserve** <https://www.hrc.army.mil/site/reserve>  
(requires Army Knowledge Online login)

**Reserve Benefits:** 1-800-318-5298; (314) 592-0553

**Application for Reserve Retired Pay:** (You should receive packet at age 58.) Army Human Resources Command-St. Louis; ATTN: AHRC-PAP-T; 1 Reserve Way; St. Louis, MO 63132-5200

**Retiree Mobilization:** Army Human Resources Command-St. Louis; ATTN: AHRC-PLM-O; 1 Reserve Way; St. Louis, MO 63132-5200; (314) 592-0000, ext. 3030

**VA** <http://www.va.gov>

**Regional Offices:** 1-800-827-1000 (Retirees overseas should contact the American Embassy/consulate); TDD (Telecomm. Device for Deaf) 1-800-829-4833

**Insurance:** VA Regional Office and Insurance Center; PO Box 7208 (claims inquiries); PO Box 7327 (loans); PO Box 7787 (payments); Philadelphia, PA 19101; 1-800-669-8477

**Health Care Benefits:** 1-877-222-8387

**Grave Information:** 1-800-697-6947

**GI Bill:** 1-888-442-4551

**TRICARE Information** <http://www.TRICARE.mil>

**TRICARE North:** 1-877-TRICARE; <https://www.hnfs.net/bene/home>; CT, DC, DE, IL, IN, KY, MA, MD, ME, MI, NC, NH, NJ, NY, OH, PA, RI, VT, VA, WI, WV, some ZIPs in IA, MO, TN

**TRICARE South:** 1-800-444-5445; <http://www.humanamilitary.com/home.htm>; AL, AR, FL, GA, LA, MS, OK, SC, TN (except 35 TN ZIP codes near Ft Campbell), and TX (except the extreme SW El Paso area)

**TRICARE West:** 1-888-TRIWEST; <https://www.triwest.com/triwest/default.html>; AK, AZ, CA, CO, HI, ID, IA (except 82 Iowa ZIP codes near Rock Island, IL) KS, MO (except the St. Louis area), MN, MT, ND, NE, NM, NV, OR, SD, SW TX, UT, WA, WY

**TRICARE Overseas:** 1-888-777-8343; <http://www.TRICARE.mil/overseas/index.cfm>

**TRICARE for Life:** 1-866-773-0404; (TDD for hearing impaired 1-866-773-0405); <http://www.TRICARE.mil/tfl/default.cfm>

**TRICARE Mail Order Pharmacy:** 1-866-363-8667; <http://www.TRICARE.mil/pharmacy/tmop.cfm>

**TRICARE Retail Pharmacy:** 1-866-363-8779; <http://www.express-scripts.com>.  
Email: TRICARE\_help@otsg.amedd.army.mil

**Recreation Centers** <http://www.armymwr.com>

**Cape Henry Inn and Beach Club:** (757) 422-8818, FAX: (757) 422-6397  
<http://www.capehenryinn.com>

**Hale Koa Hotel, Hawaii:** (808) 955-9424, 1-800-367-6027; FAX 1-800-425-3329 <http://halekoa.com>

**Edelweiss Resort, Bavaria:** 011-49-8821-9440; FAX 011-49-8821-944-4135  
<http://www.edelweisslodgeandresort.com>

**Shades of Green, FL:** (888) 593-2242; (407) 824-3665  
<http://www.shadesofgreen.org/reservations.htm>

**Dragon Hill, Korea:** 011-822-790-0016; FAX 011-822-790-1576; [reservations@dhl.korea.army.mil](mailto:reservations@dhl.korea.army.mil)

**Sister Service Retiree Publications**

**Air Force Afterburner:** <http://www.retirees.af.mil/afterburner/>

**Coast Guard Evening Colors:** <http://www.uscg.mil/ppc/retnews/>

**Marine Corps Semper Fi:** <https://www.manpower.usmc.mil>, then click on "Semper Fidelis Online" under "News and Features"  
**Navy Shift Colors:** <http://www.npc.navy.mil/ReferenceLibrary/Publications>

## RETIREE APPRECIATION DAYS

Many RADs offer health screenings and vaccinations.

Retiree Appreciation Days (RADs) are designed with you in mind. They're a great source of the latest information for Retirees and Family members in your area. RADs vary from installation to installation, but, in general, they provide an opportunity to renew acquaintances, listen to guest speakers, renew ID Cards, get medical checkups and various other services. Some RADs include special events such as dinners or golf tournaments. For more information, contact the Retirement Services Officer (RSO) sponsoring the RAD.

### UPCOMING RADs

<b>Mar 27</b>	Ft Wainwright, AK	(907) 353-2102
<b>Apr 17</b>	Ansbach	06202-80-6029
<b>Apr 23-24</b>	Ft Jackson, SC	(803) 751-6715
<b>Apr 24</b>	Stuttgart	06202-80-6029
<b>May 1</b>	West Point, NY	(845) 938-4217
<b>May 14</b>	Ft Lewis, WA	(253) 966-5884
<b>May 15</b>	Ft Eustis, VA	(757) 878-3648
<b>Jun 19</b>	Ft McPherson, GA	(404) 464-3219
<b>Aug 27</b>	Twin Cities, MN	1-800-452-0923
<b>Sep 10</b>	Ft McCoy, WI	1-800-452-0923
<b>Sep 16-18</b>	Ft Sill, OK	(580) 442-2645
<b>Oct 14</b>	Ft Monroe, VA	(757) 788-2093
<b>Oct 16</b>	Heidelberg	06202-80-6029
<b>Oct 22</b>	Grafenwöhr	06202-80-6029
<b>Oct 23</b>	Schweinfurt	06202-80-6029
<b>Oct 23 (T)</b>	Ft Polk, LA	(337) 531-0363
<b>Oct 28</b>	Vicenza	06202-80-6029
<b>Oct 29-30</b>	Ft Hood, TX	(254) 287-8100
<b>Oct 30</b>	Rock Island, IL	1-800-452-0923
<b>Oct 30</b>	Ft Leavenworth, KS	(913) 684-2425

## Update Your Retired Pay File Information

**Remember:** You are responsible for updating your retired pay file information at DFAS-CL, using the KY mailing address below, within one year of the event if you marry, remarry, have a child, are widowed or divorced and need to make or update a Survivor Benefit Plan (SBP) election.

If in receipt of or entitled to retired pay, mail to:

### Defense Finance and Accounting Service

U.S. Military Retired Pay  
PO Box 7130  
London, KY 40742-7130  
Phone: 1-800-321-1080 or  
(216) 522-5955; FAX: 1-800-469-6559  
(put SSN on all pages)

If in receipt of or entitled to SBP/RSFPP annuity, mail to:

### Defense Finance and Accounting Service

U.S. Military Annuitant Pay  
PO Box 7131  
London, KY 40742-7131  
Phone: 1-800-321-1080 or  
(216) 522-5955; FAX: 1-800-982-8459  
(put SSN on all pages)

If a Retired Reservist not yet 60, mail to:

### U.S. Army Human Resources Command – St. Louis

ATTN: AHRC-PAP-A  
1 Reserve Way  
St. Louis, MO 63132-5200  
Phone: 1-800-318-5298 or  
(314) 592-0554; FAX: (314) 592-0582  
(ATTN: TLM9V49) (put SSN on all pages)



## ECHOES

### How to Change Your Address

*Echoes* is mailed using correspondence addresses supplied by:

**For those in receipt of retired pay or an annuity –**  
DFAS – Cleveland, OH

**For those who will begin to receive retired pay at age 60 –** the Army Human Resources command (HRC) – St. Louis, MO

You must use the contact information provided in the boxes below to make address changes. If you write or FAX your address change, you must include your Social Security number on every page and you must sign your address change request.

**Mobilization:** For mobilization purposes, ALL Retired Soldiers should report address and phone number changes as well as changes in your ability to serve (physical condition) to HRC – St. Louis using the contact info below.

*Note: The Army Echoes Editor cannot make address changes!*

Army *Echoes* is an authorized bulletin published three times a year, IAW AR 25-30. Its purpose is to keep Retired Soldiers, Surviving Spouses and Family members informed of their rights and privileges, to update them of developments in the Army and to inspire goodwill and a desire to support the Army in the civilian community. Inquiries/comments about *Echoes* should be sent to Editor, Army *Echoes*, HQDA DAPE-HRP-RSO, 200 Stovall St., Alexandria, VA 22332-0470. E-mail: Mark.R.Jackson@us.army.mil. Direct all other questions to your Retirement Services Officer (see pg. 13).

Chief, Army Retirement Services: John W. Radke

Co-Chairmen, Chief of Staff, Army Retiree Council:  
LTG(Ret.) Frederick E. Vollrath  
SMA(Ret.) Jack L. Tilley

Editor/PAO: Mark R. Jackson

Circulation: 980,000

# Helping Maintain Army Strong - Army Emergency Relief Support

Army Emergency Relief support to Retired Soldiers continues to grow. In 2009 AER provided Retired Soldiers assistance totaling over \$7.3 million in interest-free loans and grants in response to needs such as emergency travel, rent, automotive repair and medical bills.

This March, Retired Soldiers should be receiving their 2010 Outreach packets as part of AER's Annual Campaign. Retired Soldiers who do not receive a packet should contact their local AER Office or AER HQ at 1-866-878-6378. You can also contribute online with an allotment from your retired pay at [www.aerhq.org/allotment\\_cont.asp](http://www.aerhq.org/allotment_cont.asp).



Army Retirement Services  
ATTN: DAPE-HRP-RSO  
Alexandria VA 22332-0470  
OFFICIAL BUSINESS

Prsrt Std  
US Postage  
**PAID**  
Carol Stream, IL  
Permit # 1534

## Retiree Account Statement

DFAS decided to send the Retiree Account Statement (RAS) despite the zero COLA for 2010 because for many Retirees the annual RAS is the only communication they receive from DFAS. More info about zero COLA is on the DFAS website, [www.dfas.mil](http://www.dfas.mil).

The annual RAS includes additional information that is helpful to the member. It provides the member's prior and current values of their entitlements and taxes, member's beneficiary information, allotments, Paid Up SBP counter and remarks that the services want included. For example, this year (2009) the services asked that R&A add a message regarding CRSC with the proper websites and phone numbers that a member should call to obtain enrollment and eligibility information.

Due to an increase in the Federal Income Tax Withholding (FITW), most Retirees will see a reduction in their net retired pay.

