

**GUIDELINE FOR
Hospitals, Welfare and Rehabilitation
Chairman & Committee Members
for
National, Regional & Branch
Chairman and Committees**



**Taken from
FRA BRANCH ADMINISTRATIVE MANUAL
FRA CB&L MANUAL
FRA SR MANUAL**

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FRA OBJECTIVE

Object of Association - The object of this Association is that we may take care of such members and their families who may be in urgent need of assistance, financial or otherwise; to assist in recruiting for the United States Navy, Marine Corps, and Coast Guard; to assemble for social intercourse and keep ourselves informed on United States Naval, Marine Corps, and Coast Guard matters, whereby we may continue to loyally serve the nation and the United States Navy, Marine Corps, and Coast Guard. These, together with the Preamble to this Constitution and Bylaws, define the object of the Fleet Reserve Association.

Nonprofit, Nonpartisan and Nonsectarian - The Fleet Reserve Association shall be a nonprofit, nonpartisan, and nonsectarian organization.

Members of the Fleet Reserve Association shall not receive pecuniary profit, incidental or otherwise, by reason of their membership in the Association.

Individual branches may, however, create and operate such death benefit plans as they may desire, provided that any and all payments to beneficiaries of deceased members of the branch shall be paid from the branch treasury and shall in no way obligate the national treasury of the Fleet Reserve Association.

NATIONAL FRA

Duties of Officers and Committees

Duties of the National President

The National President shall appoint all standing, special, advisory, ad-hoc and convention committees, and chairmen, except when a chairman of a committee has been named by action of a national convention, or where the C&BL otherwise provides. All appointments are for a duration of one year unless the C&BL, the convention delegates, or the National Board of Directors otherwise provides.

Duties of the National Executive Director

He/she shall notify the national officers and committeemen of their election or appointment and shall give notice to all branches of the National Convention and of the meetings of the National Board of Directors and all national committees.

He/she shall maintain a register of the branches of the Fleet Reserve Association, their officers and committees.

Duties of the National Committee on Hospitals, Welfare, and Rehabilitation

Committee appointed by the National President; it shall be its duty to foster and maintain good relations between the Fleet Reserve Association and the hospitals, to extend praise and commendation to those units that have rendered outstanding service, and to investigate allegations that shipmates and dependents are not receiving full benefits of existing laws and regulations.

It shall solicit the cooperation of branch chairmen of this committee and instill in them the importance of this committee at the branch level.

When the need for welfare assistance comes to the attention of the chairman, he/she shall immediately notify the respective regional president for referral to the Disaster Relief and Rehabilitation chairman for action in accordance with the applicable standing rule, Fleet Reserve Association Disaster Relief Fund.

The chairmen of standing committees shall make an annual report of their activities to the National Board of Directors and to the National Convention, with such recommendations as they deem proper. Recommendations requiring action by the National Convention shall be submitted in accordance with FRA CB&L Section 612.

Every member of the Fleet Reserve Association in good standing shall have unrestricted access to all sessions of the meetings of national committees, but shall have no vote; nor shall they have the privilege of the floor except with the permission of the Committee Chairman.

Financial Policy

Reserve Funds

Welfare and Rehabilitation Reserve. A maximum annual \$10,000 Welfare and Rehabilitation

Reserve is hereby established to assist members of the Fleet Reserve Association, the surviving spouse of a member of the Fleet Reserve Association, and/or immediate family members who may be in dire need of financial assistance. The National President, with the advice of the appropriate regional president, is authorized to expend up to \$500.00. By a two-thirds vote, the National Board of Directors is authorized to expend an additional \$2,000.00 for one maximum grant of \$2,500.00 per fiscal year per recipient.

Disaster Relief Fund. The Fleet Reserve Association authorizes a Disaster Relief Fund and it shall be governed by the applicable standing rule.

Restricted Reserve - A Restricted Reserve is hereby established in the amount of \$1,500,000.00 transferred from surplus funds in the Standby Health Trust Fund.

Net investment income will be used by the National Committee on Budget and Finance for budgeting commitments and shall be restricted to the following purposes for which exemption to federal income tax laws is granted:

- (1). To assist disabled and needy war veterans and members of Sea Service Branches of the United States Armed Services and their dependents, and the widows and orphans of deceased veterans.
- (2). To provide entertainment, care, and assistance to hospitalized veterans or members of the Sea Service Branches of the United States Armed Services.
- (3). To carry on programs to perpetuate the memory of deceased veterans and members of the Sea Service Branches of the United States Armed Services and to comfort their survivors.
- (4). To conduct programs for religious, charitable, scientific, literary, or educational purposes.
- (5). To sponsor or participate in activities of a patriotic nature.

Funds in a budget line item from the Restricted Reserve will be indicated by the prefix (R) e.g. National Chaplain Expense – (R) \$3,728.80.

Disaster Relief Fund

A Disaster Relief Fund was established to assist members of the FRA, spouses of deceased members of the FRA, and/or their immediate families who have been stricken by a disaster and are in financial need. The money required to start and continue the fund has been derived entirely from donations. The major sources of donations has been branches, units, shipmates, ladies, and friends of FRA. FRA Standing Rule 9 governs the Fund.

Definition. Disaster is defined as a single sudden physical event of catastrophic nature such as; floods, fires, typhoons, hurricanes, windstorms or earthquakes which cause severe damage to property.

Grants. Initial withdrawal from the Fund is limited to \$1,000.00 per family. One additional withdrawal, up to the same amount, may be authorized in the same manner as the first.

Requests for Grants. Requests for grants should be immediately communicated to the regional chairman, disaster relief and rehabilitation. If the regional chairman is not known, contact the Regional President for information on who the regional chairman is and how they may be contacted. The regional chairman, disaster relief and rehabilitation is responsible for investigating each request (including a request from a Member-at-Large) for a grant from the

Disaster Relief Fund and making an appropriate recommendation to the Regional President who shall forward such request to the National President with a copy to the Finance Officer.

Authorizing Grants. Withdrawals may be made from the Disaster Relief Fund only after approval by the National President.

HEALTH CARE

Eligibility. Over 95% of the persons eligible to be members of the FRA are beneficiaries of the military health care system. As beneficiaries, members are eligible to seek the services of the nearest Military Treatment Facility (MTF); however, the availability of services at the nearest MTF may be limited or not available to all beneficiaries due to the lack of resources to provide the needed service. Military Treatment Facilities must treat active duty service members.

Availability. The long life spans being enjoyed by military retirees along with increasing numbers of retirees in the last several decades has resulted in the retired community and their dependents rapidly outgrowing the capacity of the MTFs. There are more personnel on active duty who are married and have families than in past years, a fact that has further burdened the MTFs. While this growth has continued the Congress has not authorized new hospitals or expanded hospitals, preferring to expand the TRICARE program into a managed care network, and relying on Medicare and TRICARE for Life in many instances for beneficiaries age 65 and over.

TRICARE. The Department of Defense has introduced a managed health care plan called TRICARE.

This plan divides the United States into 3 military health regions. Selected medical treatment facilities are designed for TRICARE Regional Officers (TROs) to develop and implement the TRICARE Managed Care Plan in their respective regions, coordinating the medical resources of all the services to offer more health care options to eligible beneficiaries. Additionally, the TROs will manage TRICARE program dollars through managed care support contracts with civilian health care providers.

TRICARE has developed initiatives to support beneficiaries' health care needs through programs offering: enrollment at a primary care site; a health care advisor; a same day and routine appointment system; a health care finder; health promotion screening and education program; and if necessary, assistance obtaining care through a Civilian Preferred Provider Network and case management. Future expanded options for beneficiaries who choose to use the military health services system will include; TRICARE Prime, a health maintenance organization option; TRICARE Extra, with reduced TRICARE Standard cost shares when using selected providers; and TRICARE Standard option, using standard TRICARE Standard rates. TRICARE Prime will require enrollment at a medical treatment facility and will provide a standard benefit package.

TRICARE Standard. TRICARE Standard is one of the Military Healthcare Program options for the Uniformed Services. Through TRICARE Standard, service families have one of the best health plans anywhere. TRICARE Standard shares most of the costs of care from civilian hospitals and doctors when you can't get care through a military hospital or clinic. But there are certain things you need to know about TRICARE Standard before using it.

- TRICARE Standard is intended as a supplement to your benefits from a military hospital or clinic, but it does not duplicate those benefits. The most comprehensive and lowest cost medical care is available from military medical facilities. Also, TRICARE Standard recognizes different categories

of eligible persons, for whom available benefits and costs vary.

- Some people are not eligible for TRICARE Standard, such as active duty service members, parents, parents-in-law, and most persons eligible for Medicare hospitalization insurance (Part A).
- TRICARE Standard is not free. You must pay part of your medical costs, as well as everything TRICARE Standard doesn't cover.
- TRICARE Standard does not cover all health care. There are special rules or limits on certain care and some care is not covered at all.
- TRICARE Standard pays for only medically necessary care and services that are provided at an "appropriate level of care." Claims for services that don't meet this definition may be denied. (Example: Using emergency room services for treatment for the patient's convenience, rather than for genuine emergency situations).
- You or your provider must file claims before TRICARE Standard can pay its share of the bills. For your sake it's important to fill out the claim form correctly and to include any necessary paperwork.
- Equally important, all TRICARE Standard eligible persons must be enrolled in the DEERS computerized eligibility-checking system before TRICARE Standard claims can be paid.

Your primary source of information on TRICARE Standard is the Health Benefits Advisor (HBA). It is most important to get to know your Health Benefits Advisor (HBA). The HBA's job is to help you get the medical care you need--at the best price and in the most convenient manner. There's an HBA at each military hospital and at most clinics.

In these times of rising medical costs, it's especially important to use your health benefits only when you really need to. Try to use military hospitals and clinics whenever possible. They save money for you and the government. By using your health benefits wisely, you help make sure the funds will be there when truly needed.

TRICARE Prime. TRICARE Prime is a managed care option offering the most affordable and comprehensive coverage. TRICARE Prime is available in Prime Service Areas in each TRICARE Region. To find out if you live in a Prime Service Area, contact your regional contractor. Key features include:

- Enrollment is required;
- Fewer out-of-pocket costs than other TRICARE options;
- Enhanced vision and preventive coverage;
- Priority access for care at military treatment facilities;
- Receive most care from an assigned primary care manager (PCM);
- Your PCM refers you to specialists when necessary;
- No claims to file (in most cases);
- Easy to transfer enrollment when you move; and
- Time and distance access standards for care, including wait times for urgent, routine and specialty care.

Eligibility:

You may enroll in TRICARE Prime as long as you are not entitled to Medicare based on age (65). (At age 65, you become eligible for TRICARE For Life as long as you have Medicare Parts A and B). The following beneficiaries who live in a Prime Service area may enroll in TRICARE Prime:

- Active duty service members* and their families.
- Retired service members and their families.
- Surviving family members (widowed spouses, children)
- Eligible former spouses.
- Activated National Guard/Reserve members* and their families.
- Retired National Guard and Reserve members and their families (upon reaching age 60)
- Medal of Honor recipients and their families.

TRICARE for Life. The National Defense Authorization Act (NDAA) for Fiscal Year 2001 (Public Law 106-398) extended TRICARE health care and pharmacy benefits to:

- Medicare-entitled uniformed services retirees;
- Medicare-entitled retired guard members and reservists;
- Medicare-entitled family members and widows/widowers; and
- Medicare-entitled un-remarried former spouses who meet TRICARE eligibility requirements.

Pharmacy benefits began on April 1, 2001, and the TRICARE medical benefits began on October 1, 2001. The medical benefits are known as TRICARE for Life (TFL) and the pharmacy benefits are part of the TRICARE Pharmacy Program.

TFL is a permanent program funded through the Department of Defense Medicare-Eligible Retiree Health Care Fund, resourced with general revenues of the U.S. Treasury and annual contributions from appropriations. TFL doesn't require annual authorization by Congress.

Did you know? “Dual-eligible” is the term used to describe a TRICARE beneficiary who is entitled to Medicare.

Myth: TFL is only for TRICARE beneficiaries who are 65 years of age or older.

Fact: TFL is for all TRICARE beneficiaries who are entitled to Medicare because of a disability, end stage renal disease, or age.

Medicare. The Centers for Medicare & Medicaid Services (CMS) manages Medicare. Medicare is a health insurance program for:

- People age 65 or older;
- People under age 65 with certain disabilities; and
- People with end-stage renal disease (ESRD).

Medicare Part A. The Social Security Administration (SSA), based on your work history or the work history of your spouse, determines your entitlement to premium-free Medicare Part A (Hospital Insurance).

Medicare Part B.

- You can enroll in Medicare Part B (medical insurance) by paying a monthly premium, which is usually increased every year by Medicare.
- The 2006 premium was \$88.50. The lowest 2007 premium is \$93.50, for an individual tax filer with an adjusted gross income of \$80,000 (\$160,000 for joint filers). The reference to income reflects the fact that, starting January 2007, Medicare will initiate means-testing to determine a person's Medicare Part B premium amount--a higher income will mean a higher Part B premium. A TRICARE Fact Sheet provides basic information on the changes for 2007, and the Medicare web site at <http://www.medicare.gov/> provides additional details about means-tested income levels and Part B premium costs. (See additional Medicare contact information, below.)
- Apart from the 2007 changes regarding the new means testing, your Medicare Part B monthly premium may be higher if you do not purchase Part B when you first become eligible to do so. If you delay the purchase of Part B, the monthly cost may go up 10% for each 12-month period that you could have been enrolled in Part B but did not enroll.

Medicare-Entitlement Based on a Disability or ESRD. If you receive disability benefits from the Social Security Administration (SSA), you are entitled to Medicare Part A and Part B after a 24-month qualifying period. The SSA will notify you of your automatic Medicare entitlement start date. Your entitlement to Medicare will continue as long as you meet SSA's disability requirements.

Did you know? If you return to work, you may continue to receive Medicare benefits for a minimum of seven years and nine months.

Medicare-Entitlement Based on Age. Although the age for full Social Security payments has increased, the age for Medicare entitlement has not changed. It continues to be age 65. If you already receive benefits from Social Security or the Railroad Retirement Board (RRB), you will automatically receive Part A and be enrolled in Part B starting the first day of the month you turn 65. If your birthday is on the first day of the month; Part A and Part B will be effective on the first day of the previous month.

If you have not filed for Social Security or RRB benefits, you must file for Part A and enroll in Part B. You must enroll in Part B during your Medicare Initial Enrollment Period (seven-month period that begins three months before you turn 65, includes the month of your birthday, and ends three months after you turn 65) to avoid the Medicare surcharge for late enrollment. The SSA will notify you of your Medicare entitlement by letter several weeks after you file.

For more information on Medicare, call:

- Medicare at 1-800-MEDICARE (1-800-633-4227)
- The Social Security Administration at 1-800-772-1213

Department of Veterans Affairs Health Care System. Most hospitals and clinics of the Department of Veterans Affairs Health Care System will only accept veterans (military retirees) with DVA approved service connected disability ratings. A military retiree, although a veteran, is not by virtue of being a military retiree eligible for treatment in the DVA Health Care System. Some of the DVA Health Care Facilities will when resources are available treat military retirees (without DVA disability ratings).

ARMED FORCES RETIREMENT HOME

Location. The Armed Forces Retirement Home (AFRH) is available to military retirees. The former United States Naval Home in Gulfport, Mississippi, was severely damaged due to Hurricane Katrina in 2005 and is currently closed. The Armed Forces Retirement Home, formerly the United States Soldiers' and Airmen's Home, is located in Washington, D.C.

Eligibility. Persons eligible to be residents are those who served as members of the Armed Forces, with at least one-half of service not being active commissioned service (other than as a warrant officer or limited duty officer) and are: (1) 60 years of age or over; and (2) were discharged or released from service in the Armed Forces under honorable conditions after 20 or more years of active service. Other categories of disabled or incapacitated veterans may also be eligible for residence. Applicants must be capable of caring for themselves at the time of admission as a resident.

Residence Fees. Residents of the Armed Forces Retirement Home pay a portion of their retired incomes to reside at the home. The amount is much less than that normally paid at a normal community retired residence. Once accepted residents may reside at the AFRH for the rest of their life, as the home offers assisted care for those residents who become unable to care for themselves.

Applications/Information. The AFRH is nestled on 272 acres in the heart of our nation's capital, just minutes from the White House, U.S. Capitol and other national landmarks. The Home once housed four U.S. Presidents, including Abraham Lincoln. Considered a city within a city, the campus features everything residents need for daily living: 1021 private rooms for independent living equipped for cable television and telephone, banks, chapels, a convenience store, post office, laundry, barber shop and beauty salon, dining room, and 24-hour security and staff presence.

For application and information contact:

Public Affairs Officer
Armed Forces Retirement Home
3700 N. Capitol St. NW
Washington, DC 20011-8400
Telephone: 1- 800-422-9988.
Or visit www.afrh.gov.

FRA Insurance Plans.

As a retired or active duty FRA member, you are eligible for participation in [FRA-sponsored insurance programs](#). Each plan offers excellent coverage at affordable group rates. Request information regarding the plans of your choice through this website, or call Toll Free 1-800-424-1120.

These are some of the FRA sponsored insurance programs:

- FRA's Command Reserve Hospital Cash Insurance Plan
- FRA-Patriot Cancer Insurance Plan
- MilicarePLUS Tricare Standard Supplement Insurance
- MilicarePLUS Tricare Prime Supplement Insurance
- Group Dental Insurance Plan

DISABLED MEMBERS IN HARDSHIP

Dues. Disabled members may be excused from payment of dues when payment would inflict hardship. Branches shall judge for their membership. The Chairman, Membership and Retention Committee shall make the decision for Membership-at-Large Roll members. Branch secretaries shall make an annual report in the month of March, to the Chairman, Membership and Retention Committee, listing the names and membership numbers of all disabled members affiliated with the branch. If no report is received, members previously reported as disabled will be terminated effective 30 June unless payment of dues has been received by the Chairman, Membership and Retention Committee. The Chairman, Membership and Retention Committee shall notify the branch secretary during the month of July of those terminated members.

REGIONAL

Duties of the Regional President

Regional president shall be the representative of the National President within his/her region.

He/she shall appoint regional chairmen and committees to receive, judge and forward selected branch committee reports to the cognizant national committee chairman and perform such other duties as may be required by the Regional President or the regional bylaws and/or standing rules.

Duties of the Regional Hospitals, Welfare and Rehabilitation Committee: Its duties are to foster and maintain good relations between the FRA and the hospitals, to extend praise to those units that have rendered outstanding service, and to investigate allegations that shipmates and dependents are not receiving full benefits of existing laws and regulations. This committee should investigate all incidents involving a need for welfare assistance.

When the need for assistance is beyond the capacity of the local branch, the Branch President shall make a report to the Regional Chairman and Regional President with appropriate recommendations.

BRANCHES

President's Duties and Responsibilities

The branch president is responsible for ensuring that the branch officers and committee chairmen comply with their responsibilities set forth in the C&BL, FRA, regional bylaws and branch bylaws, and Branch Administrative Manual. These responsibilities involve annual or periodic submission of reports. A brief list of these responsibilities is as follows:

- Annual Branch Committee Reports by the Committees on Americanism-Patriotism; Hospitals, Welfare and Rehabilitation; Public Relations; and Youth Activities (Responsibility: Outgoing president and committee chairmen).

Duties of The Branch Hospitals, Welfare, and Rehabilitation Committee

Branch committees shall perform the duties of their titles and shall function under the supervision of the Branch President and the Branch Board of Directors.

Duties of the Branch Hospitals, Welfare and Rehabilitation Committee: Its duties are to foster and maintain good relations between the FRA and the hospitals, to extend praise to those units that have rendered outstanding service, and to investigate allegations that shipmates and dependents are not receiving full benefits of existing laws and regulations. This committee should investigate all incidents involving a need for welfare assistance. When the need for assistance is beyond the capacity of the local branch, the Branch President shall make a report to the Regional Chairman and Regional President with appropriate recommendations.

Branch Assistance to Survivors

General. An important and meaningful service that a branch can provide is that of assisting the survivor when the death of a member occurs. The majority of our members fail to do the necessary advance planning of their personal affairs for their eventual demise. Some solve this problem by telling their spouses that the FRA will assist them with everything.

The FRA and particularly many of FRA's branch secretaries, branch service officers, and branch hospitals, welfare and rehabilitation committee chairmen and members are justifiably proud of their past record in assisting survivors.

FRA shipmates help the survivor and often go the extra mile to assist with everything within reason.

Assisting the Survivor. Every branch secretary, as a minimum, should keep information readily available so that they can immediately refer the surviving spouse (or next of kin) to a competent office for immediate assistance. A ready source of assistance near most major bases is the Retired Affairs Office and the Family Service Centers. They possess the capability to have the base send a report of the death of the retired member and provide most other information and assistance needed.

In addition, visit the Defense Finance and Accounting Service (DFAS) and the Department of Veterans Affairs web sites for useful information.

Actions to Assist. The following should be used as a guide to assist shipmate's families at the time of death.

- Call 1-800-FRA-1924 extension 1 and notify the FRA's National Headquarters of the member's death.
- Call the family and ask if you can be of assistance.

Due to the privacy concerns only an immediate family member may call DFAS or the Department of Veterans Affairs. Provide the family with the following phone numbers so they can call DFAS (Navy & Marine Corps 1-800- 321-1080, Coast Guard 1-800-772-8724 or 1-800-269-5170 - Casualty Center. The Casualty Center should be used for casualty information) to report the service member's death.

- Full name of deceased.
- Social Security Number.
- Date of death.
- Next of kin's name, address, and telephone number.

After this information is provided, be sure the family knows to ask DFAS for the following information:

- Was the deceased enrolled in SBP?
- Was the deceased receiving additional compensation from the Department of Veterans Affairs?
- What outstanding allotments are going to insurance companies, including the Department of Veterans Affairs (Get the names and addresses of the companies).

DFAS will notify the annuity center if the member was enrolled in the Survivor Benefit Plan and mail the necessary claim forms to the beneficiary.

Then have the family call the Department of Veterans Affairs Regional Office (1-800-827-1000) and provide them with the following information:

- Full name of deceased.
- Social Security Number.
- Service Number if available.
- Date of death.
- Next of kin's name, address, and telephone number.

Call the Department of Veterans Affairs Insurance Division (1-800-669-8477) to determine if the deceased had Government Life Insurance. You must provide the following information.

- Full name of deceased.
- Social Security Number.
- Service Number if available.
- Date of birth.
- Date of death.

After this information is provided, the family will need to ask the Department of Veterans Affairs for the following information about the insured:

- Insurance file number.
- Insurance policy number.
- Net amount of the insurance.
- Name of beneficiary.

Inform the surviving spouse to call the Social Security Administration Office (1-800-772-1213) and report the death of the member and request that an appointment be scheduled to review eligibility for benefits. The SSA will either transact business over the phone or set up an appointment with a local SSA office.

The following information is necessary to complete all the claim forms:

- Last issued DD-214. All members should have this form. If not, they should attempt to obtain it from the Personnel Center
- Marriage Certificate
- Any Divorce certificates from previous marriages of both the deceased and the spouse (needed for civil service information)
- Civil Service Retirement letter (CSA Number will be on W-2 Form)

of Advise the surviving spouse that any checks or direct deposits received from DFAS the month death must be returned to DFAS. If there was a direct deposit, the bank must be notified to return the amount of the direct deposit.

DFAS automatically provides surviving spouses the application form to apply for SBP annuities if it is determined they were enrolled in SBP. Normally, the first annuity payment is received approximately 30 days from the date the completed form is received at DFAS. Any questions on SBP annuities should be directed to DFAS at 1-800-321-1080. It is recommended that a direct deposit system be used for any SBP annuity payments.

As a result of the phone call to the Department of Veterans Affairs (if the deceased had life insurance) necessary forms will be mailed to the beneficiary. If the beneficiary is the surviving spouse, you can assist in completing the forms.

If burial is in a national cemetery, the funeral director should take care of the forms for the headstone. There is no compensation for burial unless the deceased had a service connected disability. The Department of Veterans Affairs should provide the necessary forms for reimbursement.

If burial is in a private cemetery the funeral director should apply for the headstone or marker that is provided by the VA if the surviving spouse desires.

If the deceased dies in a Veterans Affairs Medical Center hospital the VA will pay for transportation costs to the funeral home and then to a national cemetery. If the deceased dies in a military hospital the government pays only the cost of transportation to the funeral home.

The Department of Veterans Affairs will pay additional burial costs if the deceased dies of a service connected disability.

For those who were employed/retired by civil service, call 1-888-767-6738 (Office of Personnel

Management, Civil Service Retirement Employee Service Center, Boyers, PA 16017). The office will ensure the processing of death benefits will commence and all forms will be mailed to the surviving spouse. If necessary, the surviving spouse will be advised on procedures for returning any annuity check to the Office of Personnel Management.

Note: Completed forms should be mailed by certified mail, return receipt requested. A reproduced copy of these forms should be kept by the surviving spouse for record purposes.

Provide the surviving spouse with a list of things that must be done personally, such as:

1. Have a new will made (nearest base legal office should do without charge).
2. Procure a new military identification card (will need DD-214, death certificate, marriage license and current ID card).
3. Get new base stickers for vehicles after getting new ID card.
4. Change title and registration of vehicle(s) at nearest DMV office. The spouse will need death certificate and registration/ownership forms for vehicle(s).
5. Contact automobile insurance company and change records.
6. If there are investments with credit unions or other entities, check to see if any life insurance is included.
7. Check with every firm to which any type of payments are made and check if any life insurance is provided.
8. Leave telephone in deceased name or use her/his initials in the telephone book as a means to avoid crank calls.
9. Check any health insurance or supplement health insurance plans and contact the providers to make the necessary changes.
10. Change checking accounts, savings accounts, etc. to reflect any changes.

Widows/Widowers. The surviving spouse who is receiving an SBP annuity must also make sure they keep the finance center informed of any change of address. Notification will ensure that they continue to receive Shift Colors, pre-verified I.D. card applications, and should also ensure their DEERS status remains up to date. The only time SBP annuitants would have reason to contact the finance center is for change of address, annuity check not received, change of income tax deduction. Family members should contact DFAS upon the death of the annuitant.

Notify DFAS at either (800) 269-5170 or (800)321-1080.

Defense Finance and Accounting Service
US Military Annuitant Pay
P.O. Box 7131
London, KY 40742-7131
FAX: 1-800-982-8459
Or call toll-free 1-800-321-1080

Options Available to Assist Shipmates In Need

Disaster Relief Fund

A Disaster Relief Fund was established to assist members of the FRA, spouses of deceased members of the FRA, and/or their immediate families who have been stricken by a disaster and are in financial need. The money required to start and continue the fund has been derived entirely from donations. The major

sources of donations has been branches, units, shipmates, ladies, and friends of FRA. FRA Standing Rule 9 governs the Fund.

Definition. Disaster is defined as a single sudden physical event of catastrophic nature such as; floods, fires, typhoons, hurricanes, windstorms or earthquakes which cause severe damage to property.

Grants. Initial withdrawal from the Fund is limited to \$1,000.00 per family. One additional withdrawal, up to the same amount, may be authorized in the same manner as the first.

Requests for Grants. Requests for grants should be immediately communicated to the regional chairman, disaster relief and rehabilitation. If the regional chairman is not known, contact the Regional President for information on who the regional chairman is and how they may be contacted. The regional chairman, disaster relief and rehabilitation is responsible for investigating each request (including a request from a Member-at-Large) for a grant from the Disaster Relief Fund and making an appropriate recommendation to the Regional President who shall forward such request to the National President with a copy to the Finance Officer.

Authorizing Grants. Withdrawals may be made from the Disaster Relief Fund only after approval by the National President.

HEALTH CARE

Eligibility. Over 95% of the persons eligible to be members of the FRA are beneficiaries of the military health care system. As beneficiaries, members are eligible to seek the services of the nearest Military Treatment Facility (MTF); however, the availability of services at the nearest MTF may be limited or not available to all beneficiaries due to the lack of resources to provide the needed service. Military Treatment Facilities must treat active duty service members.

Availability. The long life spans being enjoyed by military retirees along with increasing numbers of retirees in the last several decades has resulted in the retired community and their dependents rapidly outgrowing the capacity of the MTFs. There are more personnel on active duty who are married and have families than in past years, a fact that has further burdened the MTFs. While this growth has continued the Congress has not authorized new hospitals or expanded hospitals, preferring to expand the TRICARE program into a managed care network, and relying on Medicare and TRICARE for Life in many instances for beneficiaries age 65 and over.

TRICARE. The Department of Defense has introduced a managed health care plan called TRICARE.

This plan divides the United States into 3 military health regions. Selected medical treatment facilities are designed for TRICARE Regional Officers (TROs) to develop and implement the TRICARE Managed Care Plan in their respective regions, coordinating the medical resources of all the services to offer more health care options to eligible beneficiaries. Additionally, the TROs will manage TRICARE program dollars through managed care support contracts with civilian health care providers.

TRICARE has developed initiatives to support beneficiaries' health care needs through programs offering: enrollment at a primary care site; a health care advisor; a same day and routine appointment system; a health care finder; health promotion screening and education program; and if necessary, assistance obtaining care through a Civilian Preferred Provider Network and case management. Future

expanded options for beneficiaries who choose to use the military health services system will include; TRICARE Prime, a health maintenance organization option; TRICARE Extra, with reduced TRICARE Standard cost shares when using selected providers; and TRICARE Standard option, using standard TRICARE Standard rates. TRICARE Prime will require enrollment at a medical treatment facility and will provide a standard benefit package.

TRICARE Standard. TRICARE Standard is one of the Military Healthcare Program options for the Uniformed Services. Through TRICARE Standard, service families have one of the best health plans anywhere. TRICARE Standard shares most of the costs of care from civilian hospitals and doctors when you can't get care through a military hospital or clinic. But there are certain things you need to know about TRICARE Standard before using it.

- TRICARE Standard is intended as a supplement to your benefits from a military hospital or clinic, but it does not duplicate those benefits. The most comprehensive and lowest cost medical care is available from military medical facilities. Also, TRICARE Standard recognizes different categories of eligible persons, for whom available benefits and costs vary.
- Some people are not eligible for TRICARE Standard, such as active duty service members, parents, parents-in-law, and most persons eligible for Medicare hospitalization insurance (Part A).
- TRICARE Standard is not free. You must pay part of your medical costs, as well as everything TRICARE Standard doesn't cover.
- TRICARE Standard does not cover all health care. There are special rules or limits on certain care and some care is not covered at all.
- TRICARE Standard pays for only medically necessary care and services that are provided at an "appropriate level of care." Claims for services that don't meet this definition may be denied. (Example: Using emergency room services for treatment for the patient's convenience, rather than for genuine emergency situations).
- You or your provider must file claims before TRICARE Standard can pay its share of the bills. For your sake it's important to fill out the claim form correctly and to include any necessary paperwork.
- Equally important, all TRICARE Standard eligible persons must be enrolled in the DEERS computerized eligibility-checking system before TRICARE Standard claims can be paid.

Your primary source of information on TRICARE Standard is the Health Benefits Advisor (HBA). It is most important to get to know your Health Benefits Advisor (HBA). The HBA's job is to help you get the medical care you need--at the best price and in the most convenient manner. There's an HBA at each military hospital and at most clinics.

In these times of rising medical costs, it's especially important to use your health benefits only when you really need to. Try to use military hospitals and clinics whenever possible. They save money for you and the government. By using your health benefits wisely, you help make sure the funds will be there when truly needed.

TRICARE Prime. TRICARE Prime is a managed care option offering the most affordable and comprehensive coverage. TRICARE Prime is available in Prime Service Areas in each TRICARE

Region. To find out if you live in a Prime Service Area, contact your regional contractor. Key features include:

- Enrollment is required;
- Fewer out-of-pocket costs than other TRICARE options;
- Enhanced vision and preventive coverage;
- Priority access for care at military treatment facilities;
- Receive most care from an assigned primary care manager (PCM);
- Your PCM refers you to specialists when necessary;
- No claims to file (in most cases);
- Easy to transfer enrollment when you move; and
- Time and distance access standards for care, including wait times for urgent, routine and specialty care.

Eligibility:

You may enroll in TRICARE Prime as long as you are not entitled to Medicare based on age (65). (At age 65, you become eligible for TRICARE For Life as long as you have Medicare Parts A and B). The following beneficiaries who live in a Prime Service area may enroll in TRICARE Prime:

- Active duty service members* and their families.
- Retired service members and their families.
- Surviving family members (widowed spouses, children)
- Eligible former spouses.
- Activated National Guard/Reserve members* and their families.
- Retired National Guard and Reserve members and their families (upon reaching age 60)
- Medal of Honor recipients and their families.

TRICARE for Life. The National Defense Authorization Act (NDAA) for Fiscal Year 2001 (Public Law 106-398) extended TRICARE health care and pharmacy benefits to:

- Medicare-entitled uniformed services retirees;
- Medicare-entitled retired guard members and reservists;
- Medicare-entitled family members and widows/widowers; and
- Medicare-entitled un-remarried former spouses who meet TRICARE eligibility requirements.

Pharmacy benefits began on April 1, 2001, and the TRICARE medical benefits began on October 1, 2001. The medical benefits are known as TRICARE for Life (TFL) and the pharmacy benefits are part of the TRICARE Pharmacy Program.

TFL is a permanent program funded through the Department of Defense Medicare-Eligible Retiree Health Care Fund, resourced with general revenues of the U.S. Treasury and annual contributions from appropriations. TFL doesn't require annual authorization by Congress.

Did you know? “Dual-eligible” is the term used to describe a TRICARE beneficiary who is entitled to Medicare.

Myth: TFL is only for TRICARE beneficiaries who are 65 years of age or older.

Fact: TFL is for all TRICARE beneficiaries who are entitled to Medicare because of a disability, end stage renal disease, or age.

Medicare. The Centers for Medicare & Medicaid Services (CMS) manages Medicare. Medicare is a health insurance program for:

- People age 65 or older;
- People under age 65 with certain disabilities; and
- People with end-stage renal disease (ESRD).

Medicare Part A. The Social Security Administration (SSA), based on your work history or the work history of your spouse, determines your entitlement to premium-free Medicare Part A (Hospital Insurance).

Medicare Part B.

- You can enroll in Medicare Part B (medical insurance) by paying a monthly premium, which is usually increased every year by Medicare.
- The 2006 premium was \$88.50. The lowest 2007 premium is \$93.50, for an individual tax filer with an adjusted gross income of \$80,000 (\$160,000 for joint filers). The reference to income reflects the fact that, starting January 2007, Medicare will initiate means-testing to determine a person's Medicare Part B premium amount--a higher income will mean a higher Part B premium. A TRICARE Fact Sheet provides basic information on the changes for 2007, and the Medicare web site at <http://www.medicare.gov/> provides additional details about means-tested income levels and Part B premium costs. (See additional Medicare contact information, below.)
- Apart from the 2007 changes regarding the new means testing, your Medicare Part B monthly premium may be higher if you do not purchase Part B when you first become eligible to do so. If you delay the purchase of Part B, the monthly cost may go up 10% for each 12-month period that you could have been enrolled in Part B but did not enroll.

Medicare-Entitlement Based on a Disability or ESRD. If you receive disability benefits from the Social Security Administration (SSA), you are entitled to Medicare Part A and Part B after a 24-month qualifying period. The SSA will notify you of your automatic Medicare entitlement start date. Your entitlement to Medicare will continue as long as you meet SSA's disability requirements.

Did you know? If you return to work, you may continue to receive Medicare benefits for a minimum of seven years and nine months.

Medicare-Entitlement Based on Age. Although the age for full Social Security payments has increased, the age for Medicare entitlement has not changed. It continues to be age 65. If you already receive benefits from Social Security or the Railroad Retirement Board (RRB), you will automatically receive Part A and be enrolled in Part B starting the first day of the month you turn 65. If your birthday is on the first day of the month; Part A and Part B will be effective on the first day of the previous month.

If you have not filed for Social Security or RRB benefits, you must file for Part A and enroll in Part B. You must enroll in Part B during your Medicare Initial Enrollment Period (seven-month period that

begins three months before you turn 65, includes the month of your birthday, and ends three months after you turn 65) to avoid the Medicare surcharge for late enrollment. The SSA will notify you of your Medicare entitlement by letter several weeks after you file.

For more information on Medicare, call:

- Medicare at 1-800-MEDICARE (1-800-633-4227)
- The Social Security Administration at 1-800-772-1213

Department of Veterans Affairs Health Care System. Most hospitals and clinics of the Department of Veterans Affairs Health Care System will only accept veterans (military retirees) with DVA approved service connected disability ratings. A military retiree, although a veteran, is not by virtue of being a military retiree eligible for treatment in the DVA Health Care System. Some of the DVA Health Care Facilities will when resources are available treat military retirees (without DVA disability ratings).

ARMED FORCES RETIREMENT HOME

Location. The Armed Forces Retirement Home (AFRH) is available to military retirees. The former United States Naval Home in Gulfport, Mississippi, was severely damaged due to Hurricane Katrina in 2005 and is currently closed. The Armed Forces Retirement Home, formerly the United States Soldiers' and Airmen's Home, is located in Washington, D.C.

Eligibility. Persons eligible to be residents are those who served as members of the Armed Forces, with at least one-half of service not being active commissioned service (other than as a warrant officer or limited duty officer) and are: (1) 60 years of age or over; and (2) were discharged or released from service in the Armed Forces under honorable conditions after 20 or more years of active service. Other categories of disabled or incapacitated veterans may also be eligible for residence. Applicants must be capable of caring for themselves at the time of admission as a resident.

Residence Fees. Residents of the Armed Forces Retirement Home pay a portion of their retired incomes to reside at the home. The amount is much less than that normally paid at a normal community retired residence. Once accepted residents may reside at the AFRH for the rest of their life, as the home offers assisted care for those residents who become unable to care for themselves.

Applications/Information. The AFRH is nestled on 272 acres in the heart of our nation's capital, just minutes from the White House, U.S. Capitol and other national landmarks. The Home once housed four U.S. Presidents, including Abraham Lincoln. Considered a city within a city, the campus features everything residents need for daily living: 1021 private rooms for independent living equipped for cable television and telephone, banks, chapels, a convenience store, post office, laundry, barber shop and beauty salon, dining room, and 24-hour security and staff presence.

For application and information contact:

Public Affairs Officer
Armed Forces Retirement Home
3700 N. Capitol St. NW
Washington, DC 20011-8400
Telephone: 1- 800-422-9988.
Or visit www.afrh.gov.

FRA Insurance Plans.

As a retired or active duty FRA member, you are eligible for participation in [FRA-sponsored insurance programs](#). Each plan offers excellent coverage at affordable group rates. Request information regarding the plans of your choice through this website, or call Toll Free 1-800-424-1120.

These are some of the FRA sponsored insurance programs:

- FRA's Command Reserve Hospital Cash Insurance Plan
- FRA-Patriot Cancer Insurance Plan
- MilicarePLUS Tricare Standard Supplement Insurance
- MilicarePLUS Tricare Prime Supplement Insurance
- Group Dental Insurance Plan

Disabled Members in Hardship

Dues. Disabled members may be excused from payment of dues when payment would inflict hardship. Branches shall judge for their membership. The Chairman, Membership and Retention Committee shall make the decision for Membership-at-Large Roll members. Branch secretaries shall make an annual report in the month of March, to the Chairman, Membership and Retention Committee, listing the names and membership numbers of all disabled members affiliated with the branch. If no report is received, members previously reported as disabled will be terminated effective 30 June unless payment of dues has been received by the Chairman, Membership and Retention Committee. The Chairman, Membership and Retention Committee shall notify the branch secretary during the month of July of those terminated members.

RECORDS RETENTION TIME PERIODS

Records Retention Time Periods. This guidelines for FRA branches regarding record retention, including the length of time records should be kept.

- Accident reports and claims (settled cases) - 7 years.
- Accounts payable ledgers and schedules - 7 years.
- Accounts receivable ledgers and schedules - 7 years.
- Audit reports and accountants - permanently.
- Bank reconciliations - 1 year.
- Cash books - permanently.
- Charts of accounts - permanently.
- Checks (canceled, but see exception below) - 7 years.
- Checks (canceled for important payments, i.e. taxes, purchases of property, special contracts, etc.) - (checks should be filed with the papers pertaining to the underlying transaction) - permanently.
- Contracts and leases (expired) - 7 years.
- Contracts and leases still in effect - permanently.
- Correspondence (routine) with members or vendors - 1 year.
- Correspondence (general) - 3 years.
- Correspondence (legal and important matters only) - permanently.
- Deeds, mortgages, and bills of sale - permanently.
- Depreciation schedules - permanently.
- Duplicate deposit slips - 1 year.
- Employee personnel records (after termination) - 3 years.
- Employment applications - 3 years.
- Expense analysis and expense distribution schedules - 7 years.
- Financial statements (end-of-year, other months optional) - permanently.
- General and private ledgers (and end-of-year trial balance) - permanently.
- General electronic mail - 2 weeks.
- Insurance policies (expired) - 3 years.
- Insurance records, current accident reports, claims, policies, etc. - permanently.
- Internal audit reports (in some situations, longer retention periods may be desirable) - 3 years.
- Internal reports (miscellaneous) - 3 years.
- Inventories of products, materials, supplies - 7 years.
- Invoices to customers/branches - 7 years.
- Invoices from vendors - 7 years.
- Journals - permanently.
- Minute books of National Board of Directors, including C&BL, and charter - permanently.
- Notes receivable ledgers and schedules - 7 years.
- Option records (expired) - 7 years.
- Payroll records and summaries, including payments to pensioners - 7 years.
- Petty cash vouchers - 3 years.
- Physical inventory tags - 3 years.
- Plant cost ledgers - 7 years.
- Property appraisals by outside appraisers - permanently.
- Property records, including costs, depreciation reserves, end-of-year trial balances, depreciation schedules, blueprints, and plans - permanently.
- Purchase orders (except purchasing department copy) - 1 year.
- Purchase orders (purchasing department copy) - 7 years.

- Receiving sheets - 1 year.
- Requisitions - 1 year.
- Sales records - 7 years.
- Savings bond registration records of employees - 3 years.
- Scrap and salvage records (inventories, sales, etc.) - 7 years.
- Stenographer's notebooks - 1 year.
- Stock and bond certificates (canceled) - 7 years.
- Stockroom withdrawal forms - 1 year.
- Subsidiary ledgers - 7 years.
- Tax filings - permanently.
- Time books - 7 years.
- Trade mark registration - permanently.
- Voucher register and schedules - 7 years.
- Vouchers for payments to vendors, employees, etc. (includes allowances and entertainment expenses) - 7 years.

E-MAIL ADDRESS POLICY

All member information, including e-mail addresses are to be considered confidential records and kept as such by the Fleet Reserve Association (“FRA”) and its branch and regional leaders. The purpose of this policy is to ensure the proper use of FRA member e-mail addresses by FRA staff, branch, branch leaders and FRA membership (“Covered FRA individuals”). If there is evidence that Covered FRA individuals are not adhering to the guidelines set out in this policy, FRA reserves the right to take disciplinary action (up to and including removal from the membership) or legal action. If you have any questions or comments about this E-mail Address Policy, please contact FRA National Headquarters.

1) All member e-mail addresses are confidential member information and shall not be disclosed to third

parties. If Covered FRA individuals send an e-mail communication to more than one member, the sender must take all precautions to ensure that member e-mail addresses cannot be seen by other recipients of the e-mail communication through the use of blind carbon copy distribution lists.

2) The use of member e-mail addresses by Covered FRA individuals shall be permissible for the purposes of communicating association business and activities to the membership. Covered FRA individuals may not use member e-mail addresses for sending e-mail communications for their own personal commercial interests or for third party commercial interests.

3) It is strictly prohibited for Covered FRA individuals to use member e-mail addresses for the purposes of:

- Sending or forwarding e-mail communications containing libelous, defamatory, offensive, racist or obscene remarks.
- Sending or forwarding e-mail communications containing materials that infringe the intellectual property rights of others.
- Forwarding a message or copy a message or attachment belonging to another user without acquiring permission from the originator first.
- Forging or attempt to forge e-mail messages, or disguise or attempt to disguise their identity when sending e-mail.

Declaration

By virtue of joining the FRA, I agree to comply with the guidelines set out in this policy and understand that failure to do so might result in disciplinary or legal action.

AWARDS
(OTHER THEN ANNUAL AWARDS)

National: Certificate of Merit

A Certificate of Merit may by a two-thirds vote of the National Convention be presented to an individual person and/or body of organized persons in the name of the body, who have rendered some distinguished service to the Fleet Reserve Association.(C&BL Section 1506(a))

Nominations for the Certificate of Merit shall be made by resolution to the National Convention, in accordance with Section 611.(C&BL Section 1506(b))

Regional and Branch: Certificate of Appreciation

A Certificate of Appreciation, signed by the branch president and/or branch secretary or by the national officer presenting the certificate, may be awarded to an individual person and/or body of organized persons, in the name of the body, who have rendered some distinguished service to the branch or to the national officer.(C&BL Section 1507(a))

APPENDIX

- Appendix A1 **FLEET RESERVE ASSOCIATION, HOSPITALS, WELFARE & REHABILITATION COMMITTEE ANNUAL REPORT**
- Appendix A2 **FLEET RESERVE ASSOCIATION, HOSPITALS, WELFARE & REHABILITATION COMMITTEE; BRANCH MONTHLY RECORDS**
- Appendix A2 **FLEET RESERVE ASSOCIATION, HOSPITALS, WELFARE & REHABILITATION COMMITTEE; SHIPMATES MONTHLY INPUT**

DO NOT MISPLACE THESE FORMS - THEY MUST BE SUBMITTED AS AN ANNUAL REPORT

**FLEET RESERVE ASSOCIATION
HOSPITALS, WELFARE & REHABILITATION COMMITTEE**

Region: _____ Branch Name & Number: _____ Membership Group: _____

1. Total Branch members in Good Standing as reported in the 31 March Membership Report: _____

2. Hours and mileage spent in performing the below activities:

(a) Visiting/assisting ill or incapacitated members: hours ____/miles _____

(b) Assistance to needy families of Shipmates: hours ____/miles _____

3. Hours of volunteer work performed at hospitals by Shipmates:

Name _____ Hours _____

Name _____ Hours _____

Name _____ Hours _____

4. Widows assisted: Number _____ Hours _____

5. Number of Shipmates who donated blood: _____ Number of pints donated: _____

6. Rituals:

(a) Number of Rituals: _____

(b) Number of Shipmates attending Rituals: _____

7. Number of books or magazines donated to hospitals: _____

8. Financial contributions by Branch and Shipmates to FRA Disaster Relief:

(a) Branch: \$ _____

(b) Shipmate: \$ _____

9. List any other activities on attachment. (Donations of clothing, household effects, miscellaneous items, etc.)

10. Name of Shipmate nominated as Shipmate of the Year, or deserving of special recognition: _____

NOTE: IN NOMINATING A SHIPMATE AS "SHIPMATE OF THE YEAR" OR DESERVING OF SPECIAL RECOGNITION, THIS REPORT MUST BE ACCOMPANIED BY A SEPARATE SHEET(S) OF PAPER, GIVING, A DETAILED REPORT OF THIS SHIPMATE'S ACTIVITIES.

IF NO ACTIVITY, A NEGATIVE REPORT IS REQUIRED.

REPORT TO BE SIGNED BY BRANCH CHAIRMAN AND BRANCH PRESIDENT OF THE REPORTING YEAR.

BRANCH CHAIRMAN 20 ____ - 20 ____

BRANCH PRESIDENT 20 ____ - 20 ____

Branch Chairman: Submit report to Regional Chairman.

Regional Chairman: Submit Report to National Chairman immediately following Regional Convention.

IF ADDITIONAL INFORMATION IS REQUIRED, CONTACT REGIONAL COMMITTEE CHAIRMAN

- Distribution: (1) Regional Chairman
(2) Regional President
(3) Branch Files

THIS FORM MAY BE REPRODUCED LOCALLY FOR BRANCH AND/OR REGIONAL USE
Regional/Branch Chairmen may want to add items for their own purposes

(ADDITIONAL SHEET)

3. Hours of volunteer work performed at hospitals by Shipmates:

Name _____	Hours _____	Name _____	Hours _____
Name _____	Hours _____	Name _____	Hours _____
Name _____	Hours _____	Name _____	Hours _____
Name _____	Hours _____	Name _____	Hours _____
Name _____	Hours _____	Name _____	Hours _____
Name _____	Hours _____	Name _____	Hours _____
Name _____	Hours _____	Name _____	Hours _____
Name _____	Hours _____	Name _____	Hours _____
Name _____	Hours _____	Name _____	Hours _____
Name _____	Hours _____	Name _____	Hours _____
Name _____	Hours _____	Name _____	Hours _____
Name _____	Hours _____	Name _____	Hours _____
Name _____	Hours _____	Name _____	Hours _____
Name _____	Hours _____	Name _____	Hours _____
Name _____	Hours _____	Name _____	Hours _____
Name _____	Hours _____	Name _____	Hours _____
Name _____	Hours _____	Name _____	Hours _____

9. List any other activities on attachment. (Donations of clothing, household effects, miscellaneous items, etc.)

ITEMS	AMOUNT	TO

10. Name of Shipmate nominated as Shipmate of the Year, or deserving of special recognition: _____
Description for nomination of Shipmate of the Year:

**FLEET RESERVE ASSOCIATION
HOSPITALS, WELFARE & REHABILITATION COMMITTEE; SHIPMATES MONTHLY INPUT**

Shipmate: _____ Month _____

Hours and mileage spent in performing the below activities:

- (a) Visiting/assisting ill or incapacitated members: hours _____/miles _____
- (b) Assistance to needy families of Shipmates: hours _____/miles _____

Hours of volunteer work performed at hospitals

Hospital _____	Hours _____
Hospital _____	Hours _____
Hospital _____	Hours _____
Hospital _____	Hours _____

Widows assisted: Number _____ Hours _____

Donated blood/number of pints donated: _____

Number of Rituals: _____

Number of books or magazines donated to hospitals: _____

Financial contributions to FRA Disaster Relief: (AMT.) \$ _____

List any other activities on attachment. (Donations of clothing, household effects, miscellaneous items, etc.)

ITEMS	AMOUNT	TO
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