



# AFRH Checklist

## Needed when submitting your application

- AFRH Application (*completed and signed*)
- AFRH Medical Examination Form completed by physician  
(*common problem is lack of PPD or PPD positive. If PPD positive, we need to know your conversion date.*)
- Copies of DD Form 214's (*do not send originals*)
- Functional assessment completed by Occupational or Physical Therapist
- DFAS Retiree Statement
- VA Benefit letter (or e-benefit statement)

## Needed when reporting to AFRH

- Current Last Will and Testament
- Federal Tax Return for the current and previous year All 1099s  
and W-2s used in computing tax returns
- All pay statements from government sources Proof of  
Payment of supplemental health insurance  
or Tricare for Life
- Proof of Medicare A & B
- Address and phone number of the person you designate as your  
next-of-kin
- Address and phone number of the person named as executor of  
your Last Will and Testament
- Advance Directive/DNR (*Living Will*)