



Still Serving in Korea



Newsletter 98-3

The newsletter for U.S. military retirees in the Republic of Korea

Jul-Sep 1998

Medical Care Matters

Immunizations

Flu season is coming. At Osan Air Base, we have received concurrence from the hospital that high-risk retirees (over 65, respiratory problems, etc.) will be able to get flu shots shortly after the program is opened to active-duty personnel. Previously, retirees had to wait until all active-duty had received their shots, which put retirees into the vulnerable period of flu season without protection. For those at other locations, you may want to try to receive the same support from your local hospital.

From One Retiree to Another

CMSgt Dave McArdle (USAF Ret), an Osan retiree, offers the following practical recommendations to retirees based on his receiving health care here since 1983:

- Colonoscopy – if there is a family history of colon cancer, every five years
- PSAT – blood test for prostate cancer, annually
- Hemocult – blood in the stool, usually checked after a digital prostate examination
- TB Tine – most people who have been in Asia for any length of time show positive. If you are in this category, there is a preventive program that takes about six months. If you are married, your spouse can be participate at the same time.
- X-Rays – retained for five years by the Hospital, retirees should request that their x-rays be

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Still Serving in Korea is published quarterly by the Osan Air Base Retiree Activities Office to inform retirees and family members on information of interest on rights, benefits and privileges, and on the status of legislative initiatives which affect military retirees and beneficiaries. Items in this newsletter do not necessarily reflect the views of the 51 FW, 7AF, PACAF, USAF, USFK, or DOD.

Pay Matters

Social Security Reform

Social Security reform continues to bring some headlines. One cannot expect any reform this year, but next year may be different. The robust economy has lengthened the time before the trust fund is entirely depleted by two or three years. Congress will have to look at either raising the social security payroll tax or reducing benefits payable, or both. Low savings for retirement makes retirees more dependent upon the government for their retirement income and health care and makes Social Security and Medicare even more important for future retirees. While Social Security should be only about 30% of one's total retirement, those with no or a small retirement program and little or no savings, find that Social Security makes up 60% to 80% or all of their retirement. There is also a noticeable trend toward people working longer, meaning fewer early retirements and creating another factor that impacts on Social Security and Medicare.

Army PERSCOM, Max's Facts 25-98, June 24, 1998

State Income Tax Refunds

Refunds on state income taxes assessed by certain states on military and federal civil service retirees when those states did not assess state income tax on state civil service retirees continues to move forward. Military and federal retirees in North Carolina are about to receive a refund on a portion of the state taxes they paid. Information is available at <http://www.baileypatton.wcsr.com> or toll free 1-877-TAX-CASE. Please pass the word to your retirees, even those who may not live in North Carolina now, but might have in years passed and paid the tax. Retirees in Oregon should watch for developments in their state, which could be close to starting a refund program.

Army PERSCOM, Max's Facts 29-98, July 27, 1998

New York Property Tax Benefit

Are you thinking of retiring to New York State? Legislation signed into law in 1997 includes Chapter 168, which adds "veterans disability compensation" to the types of income excluded in the determination of senior citizens' real property taxes.

Retirement Services Office, Watervleit Arsenal

Jobs at Kunsan

Openings were reported in mid-August for employment in the Kunsan Air Freight Terminal. Jobs are in the Air Terminal Operations Center and in Air Freight. Call Mr.

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retained indefinitely (either by the Hospital or the individual)

Changing Face of Health Care

Tricare – Medicare Subvention – Delta Dental – Mail-Order Pharmacy – FEHBP-65 – USFHP– are you confused? It was all so simple when we had what was essentially cradle to grave health care. Join the military, stay for 20 years or more and you were guaranteed access to Military Treatment Facilities (MTFs) at any military installation. See a doctor, get a prescription filled, get inpatient care, get eye examinations and glasses, and sometimes get dental treatment – the good old days of military health care.

The old saying, “There’s no free lunch,” has hit retirees and hit hard. Unless you’re fortunate enough to qualify for Veterans Administration health care, or you or your spouse work for an employer with a good health care coverage plan, you find yourself wondering what happened. Well, what happened is force downsizing and closure of many military facilities. Even where installations stay open, hospitals are being downsized to clinics and some can’t handle emergency treatment. Military medical staff and facilities are shrinking faster than the beneficiary population. As a result, retirees have been finding that “space available” is more and more meaning “no space available” when it comes to MTFs. Even active-duty personnel are finding that they have to participate in Tricare. So it’s not surprising that retirees are being asked to pay for health care. And many are upset about the government’s abrogation of expressed or implied promises of lifelong care. The fact is that the free ride is over.

Added to the health care worries of military retirees is the question of what to do at age 65. Military retirees are the only group of federal retirees who lose employer-sponsored health coverage at age 65. The only option available at that point is Medicare Part B.

For some of us, it appears that the free ride continues. In Korea, health care is available to most, if not all retirees, and dental care is available to many. But to continue the free ride analogy, the foot’s off the accelerator and we’re just coasting now. The end is coming, though we don’t know exactly when or how it will happen. So what will be the options when our space available health care coasts to a stop and we have to start “buying the gas”? The remainder of this article discusses the different options, and considers the pros and cons for retirees who enjoy living overseas. We don’t know which of the options may even be offered to overseas retirees, but you should understand the pros and cons so you can voice your opinion when the time comes.

Tricare

Tricare is the Department of Defense (DOD) health care program. It consists of three options: Standard, Extra and

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Prime. Tricare Standard is the successor to CHAMPUS – the Civilian Health and Medical Program of the Uniformed Services – providing a fee-for-service option that involves burdensome paperwork and has costly deductibles and copayments. Tricare Extra is a preferred provider option that saves money over Standard. Preferred providers are those physicians who agree to limit the cost for services.

Tricare Prime uses MTFs as the principal source for health care. Enrollment is only required for Prime, and the annual enrollment fee for retirees is \$230 for a single retiree and \$460 for a family. In the event the retiree lives outside the 40-mile catchment area of the MTF, or treatment is required from a provider outside the MTF, then Standard or Extra options are used to determine the level of co-payment required (20% for Standard, 15% for Extra). There is no annual deductible for Tricare Prime. For use of civilian providers, there are fixed co-pays for Tricare Prime, while co-pays for Standard and Extra are calculated as a percentage of the allowable charges (Standard) or negotiated fees (Extra). There is an annual deductible of \$150 per individual or \$300 per family.

Pharmacy services are provided by the MTF. For individuals living outside the 40-mile catchment area, a Mail Order Pharmacy Program is available. The co-pay for the Mail Order Pharmacy is \$8 for a 90-day supply of each non-controlled medication, or a 30-day supply of each controlled medication.

Tricare Retiree Dental Program

The Tricare Retiree Dental Program, commonly referred to Delta Dental (the provider), is the DOD dental care program. It maintains a network of dentists who participate in DeltaSelect USA, who provide services and take care of all paperwork. Delta pays 100% of all diagnostic and preventive services; 80% of basic and restorative services; 60% of drugs, endodontic, periodontic and oral surgery services; and 100% of emergency services (80% of minor treatment for dental pain). There is an annual deductible of \$50 per person and an annual maximum coverage is \$1,000 per person. The deductible and maximum do not apply to the diagnostic and preventive services.

Costs for the dental program vary by area. Specific premium costs can be checked by zip code at www.ddpdelta.org. The average monthly premium costs are \$12.26 for one person; \$23.80 for two persons; and \$39.31 for a family of 3 or more. Enrollment requires prepayment of a four months’ premium, and you must enroll for a minimum of 24 months. After the first 24 months, the plan is offered on a month-to-month basis.

Medicare Subvention

One of the big problems with Tricare is that retirees are no longer eligible for it when they reach age 65. For

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Demont at 782-4901.

Projected 1999 COLA Increase

The Cost of Living Allowance (COLA) for 1999 is now projected to be about 1.2%.

Army PERSCOM, Max's Facts 32-98, August 18, 1998 (Ed: TROA on 21 Aug estimated the increase at 1.3-1.5%.)

Combining Military and Civil Service

An Army retiree has done an in-depth study on whether or not to combine military service and civil service for retirement purposes. He produced a detailed analysis using a hypothetical situation. Everyone's situation is different, but this hypothetical case provides a lot of food for thought. If you'd like a copy, you can call the Retiree Activities Office (RAO) at 784-1441, e-mail REACT@osan.af.mil, or write to the return address on page 8 of this newsletter.

Individual Taxpayer Identification Number (ITIN)

Are you married to a non-citizen who is not eligible for a Social Security Number (SSN)? We deal with a number of widows who don't have an SSN. There's an alternative. You can apply for an ITIN from the Internal Revenue Service. This requires submitting a form W-7, which is available from your legal office. Certified copies of two forms of identification must be submitted with the W-7. The RAO is involved now with signing up widows for ITINs so that they can open a credit union account and get direct deposit of benefits checks. Doing the paperwork now will make it easier on your survivors when you're no longer around.

Initiate Direct Deposit via the RAO

The RAO can now submit e-mail requests for direct deposit of Veterans Administration benefits, and fax requests for direct deposit of Social Security on behalf of retirees and widows in Korea. The same service may be available for Defense Finance and Accounting Service benefits, though it hasn't been tried as of this writing. In addition to your name, SSN (or ITIN), and mailing address, you need to provide your account number, bank/credit union routing number (I have this for the Community Banks and USA Federal Credit Unions in Korea) and type of account (checking or savings).

Review of Pay-Related Legislation

Public Law (PL) 105-178, Transportation Equity Act, was funded from savings realized by eliminating funding VA disability compensation and health-care claims for tobacco-related illnesses. Some of the military benefits included in *PL 105-178* included increasing GI Bill education benefits by 20 percent across the board for active and reserve programs. It also restored Dependency and Indemnity Compensation (DIC) payments for remarried survivors of members who died of service-connected causes, but whose second or subsequent marriage is ended by death or divorce. Reinstatement of DIC had been terminated by the *Omnibus Budget*

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Reconciliation Act of 1990. Affected widows were the only federal survivor group without reinstatement rights. *The Retired Officers Association Legislative Update, May 29, 1998*

HR 3616, FY 1999 Defense Authorization Act, which funds DOD for 1999, (Senate version still in work) includes several items of interest. The House bill includes a provision covering dependents in Korea and their use of commissary facilities. It prohibits distinction between command-sponsored and non-command-sponsored dependents in determining who is authorized access. (Ed: *The USFK PX/Commissary Overwatch Council also notes that HR 3616 would remove restrictions on alcohol purchases (beer and liquor) and allow dependents at least 18 years old to purchase cigarettes.*) *HR 3616* includes provisions to ensure DOD continues managing and funding commissaries, rather than reverting to commissaries managed and funded by the individual services. It prohibits consolidation of commissaries and exchanges, and increases reservist commissary visits from 12 to 24 visits per year. In addition, it directs DOD to suspend further library closings (except at installations being closed). *HR 3616* includes a provision to make the payment of court-ordered Survivor Benefit Plan (SBP) premiums mandatory on the first day of the first month after the date of the divorce decree. The Senate version addressing SBP provides for paid-up-for-life SBP after 30 years of payments and attainment of age 70, effective October 1, 2003.

Sergeants Magazine, July 1998, Air Force Sergeants Association

HR 44, Concurrent Receipt, would authorize monthly payments of \$300 for totally disabled; \$200 for 90% disabled; and \$100 for 70% and 80% disabled.

HR 65, Concurrent Receipt, would allow partial restoration of military retired pay. For example, a retiree who receives 50% disability would have \$279 restored that is currently offset. The higher the disability, the more retired pay is restored. *S 657* is the same.

HR 303, Concurrent Receipt, would allow full receipt of both military retired pay and veterans disability compensation without an offset.

HR 3434, Concurrent Receipt, would allow recovery of 50% of offset at age 65 and 100% of both military retired pay and disability compensation at age 70.

HR 165, Survivor Benefit Plan, eliminates the Social Security offset for widows or widowers at age 62.

HR 51, Entitled Benefits, provides that persons retiring from the Armed Forces shall be entitled to all benefits which were promised them when they entered the Armed Forces. (Not retroactive)

HR 2537, Former Spouse Protection Act, reforms the Former Spouse Protection Act. Terminates payment to former spouses who remarry. Computation of former spouse's portion based on the rank and longevity at the time of the divorce and not retirement.

HR 3515, VA Pension, excludes income received by a veteran from any judgment or settlement of a claim for damages against the Secretary of Veterans Affairs, from being included in determining annual income for a veterans non-service connected pension.

The Retired Enlisted Association Voice, July/August 1998

continued health care, retirees must enroll in Medicare Part B, which means a complete change in health care providers. The Balanced Budget Act of 1997 authorized a Medicare Subvention Test, also known as Tricare Senior Prime. This test began with enrollments at Madigan Army Medical Center in Fort Lewis, Washington on July 15. Health care services will begin September 1. Enrollments were expected to start August 1 at Brooke Army Medical Center and Wilford Hall Medical Center in San Antonio, Texas. Six remaining sites will be started late this year or in 1999 at: Keesler AFB, Biloxi, Mississippi; Fort Sill, Lawton, Oklahoma; Sheppard AFB, Wichita Falls, Texas; Fort Carson and the Air Force Academy, Colorado Springs, Colorado; Naval Medical Center, San Diego, California; and Dover AFB, Delaware.

Beneficiaries eligible for Tricare Senior Prime must:

- Be eligible for Medicare based on age (65 or older);
- Have been enrolled in Medicare Part B and agree to remain enrolled in it;
- Have been formerly eligible for CHAMPUS;
- Live within the defined catchment area of the military medical facility offering Tricare Senior Prime; and
- Have received treatment from any MTF as a Medicare-eligible prior to July 1, 1997, or most have become Medicare-eligible after June 30, 1997.

Medicare Part B premiums, which fund Tricare Senior Prime, are currently \$43.80 per month (\$525.60 per year). The Medicare Subvention option is particularly beneficial to the 55 percent of the over-65, Medicare-eligible military retirees who live within the 40-mile catchment area of one of the remaining MTFs.

FEHBP

The Federal Employees Health Benefit Program (FEHBP) was established in 1960 and now provides coverage to some nine million current and retired government employees, ranging from Presidents and Supreme Court justices, to Congressmen and clerks. Military retirees are the only federal retirees excluded from FEHBP. The system offers participants a wide choice of health plans, including traditional fee-for-service, Preferred Provider Organizations, Health Maintenance Organizations and 100 percent prescription drug coverage. Enrollees pay a monthly premium, which varies according to the expense of their chosen plan, but the government subsidizes up to 72 percent of this outlay.

Military retirees, military organizations and their supporters argue that FEHBP would provide military retirees better and cheaper wraparound coverage to supplement Medicare than can be obtained in commercially available Medigap policies. This Medicare coverage for retirees age 65 and over is referred to as FEHBP-65. Depending on which plan they choose, older

retirees could have nearly 100 percent coverage of their medical expenses, including costly prescriptions, vision care and dental care.

Some supporters of the FEHBP option propose that it be made available to all military retirees. Full FEHBP coverage would cost approximately \$1,450 per year for a couple. Opponents of this option maintain that it would endanger Tricare and the entire Military Health Support System. This group urges that FEHBP be offered only to those retirees age 65 and older (not currently eligible for Tricare). Used as a supplement to Medicare, it is estimated that FEHBP-65 would cost about \$600 per year. According to the General Accounting Office, commercial Medigap policies have annual premiums ranging from \$400 to \$2,100. Only the most expensive cover outpatient prescriptions and none pay for vision or dental care, as FEHBP-65 would probably provide.

USFHP

A secret in health care has been the Uniformed Services Family Health Plan (USFHP). Why a secret? Because this is the only plan which includes Medicare eligible retirees, but it is available in only a limited number of locations. Formerly known as Uniformed Services Treatment Facilities (USTFs), the advent of Tricare and perceived competition with Tricare resulted in the change in designation and the additional designation of these facilities as Tricare Designated Providers. There are seven USFHP locations in: Baltimore, MD; Boston, Massachusetts; Cleveland, Ohio; New York, New York; Portland, ME; Seattle, Washington; and Houston, Texas.

All military beneficiaries, including Medicare eligible retirees, who live within the 50-mile catchment area of a USTF may be allowed to enroll in the USFHP and receive care through the USTF/Tricare Designated Provider. Although similar in many ways to Tricare Prime, there are a few key differences. There are no equivalent options to Tricare Standard and Extra. There is a co-payment for treatment received at any USFHP facilities, similar to Tricare co-payments for treatment received at downtown providers.

VA Subvention

A plan similar to Tricare Senior Prime (for MTFs) would allow Medicare-eligible veterans, including military retirees, to receive treatment at VA facilities for those enrolled in Medicare Part B.

The above information was compiled from two primary sources: on-line articles from Air Force Magazine published by the Air Force Association (AFA), and on-line Legislative Updates produced and disseminated via subscription by The Retired Officers Association (TROA). Additional sources were the on-line resources of DOD Health Affairs for Tricare, Delta Dental Retiree Dental Program, the National Association for Uniformed Services (NAUS), and The Retired Enlisted Association (TREA).

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Health Care Options in Korea

So what's a retiree to do living here in Korea? Unless you travel to the United States frequently, you can probably get by using the Space Available medical and dental care you currently receive. If you do travel to the United States, you should be aware that you'll probably be asked to show that you have Tricare Prime coverage if you seek treatment in a MTF in the United States, unless you have been specifically referred by a MTF in Korea.

If or when the time comes for implementation of Tricare in Korea, it will probably be similar to Tricare implementation in Europe. There are only two options in Europe, Tricare Europe Prime and Tricare Europe Standard (formerly CHAMPUS). Tricare Prime will provide medical, pharmacy, and probably vision-care service (similar to current vision care) for those within the catchment area of an MTF. For treatment beyond the capabilities of the MTF, retirees will be referred to either another MTF, or to a designated civilian care provider. For example, some retirees in Korea are currently referred to Aju University Medical Center using CHAMPUS co-pay.

Currently, Tricare coverage stops when a retiree reaches age 65, and Medicare coverage begins. However, Medicare does not provide coverage in overseas areas. If a Medicare-eligible retiree is referred to Aju University Medical Center for treatment, the entire cost of treatment would come out of the retiree's pocket. Without Medicare coverage as an overseas option, over-65 retirees may be competing at a disadvantage for space-available treatment, and be turned away from the overseas MTF as is currently happening in the United States. Even with Medicare Subvention, would Medicare coverage be extended to retirees living overseas and seeking treatment at MTFs?

Tricare does not cover dental care, so the question also remains whether retirees would have to seek dental care on a Space Available basis, or would a program such as Delta Dental be offered to retirees in overseas areas.

An attractive but expensive option to retirees living overseas would be FEHBP, whether as coverage implemented at retirement, or at age 65 when normal Tricare coverage would be terminated. The advantage of FEHBP is that the retiree would select coverage from a menu of care providers, and the care could be tailored to the area where the retiree is living. Another advantage not available with Tricare is that the retiree would be covered even in areas where MTFs don't exist, such as Thailand, where Tricare Standard/ CHAMPUS coverage might cover part of the costs. FEHBP, depending upon the plan selected, can also provide pharmacy, vision care and dental care, in addition to the medical coverage.

VA and USFHP coverage for retirees would be beneficial to retirees living near one of these facilities.

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However, there are no USTFs overseas, and Veterans Administration hospitals outside the United States exist only in Canada and the Philippines.

Stay tuned, and make your own voice heard by writing to your legislator to let him or her know what you want. But don't count on support from Congress for continued space-available care. Your only choices are probably going to be based on which plans are offered and how much you're willing to pay for each coverage option.

Review of Health-Related Legislation

HR 3616, Defense Authorization Act, passed by the House, includes Federal Employees Health Benefit Program (FEHBP) demonstration program consisting of a three-year test of the FEHBP option for Medicare-eligible beneficiaries in 6-10 sites around the U.S.

HR 76, FEHBP-65 Bill, authorizes FEHBP for Medicare eligible military retirees and their families (same as *S 224*).

HR 1766, FEHBP-65 Demonstration, is a demonstration project of *HR 76* (companion is *S 1334*)

HR 414, Medicare Subvention, authorizes the DOD to receive payments from Medicare to serve military retirees and their families in Tricare Prime. Note: Part B Medicare payment is required. A demonstration project was included in the Balanced Budget Act of 1997 (this bill would implement Medicare Subvention nationwide).

HR 598, Waiver of Part B Medicare Penalty, waives the penalty for military retirees that did not elect Medicare Part B and would now like to enroll (same as *S 912*).

HR 1356, FEHBP, authorizes FEHBP for all military retirees and their families.

HR 1456, FEHBP, authorizes FEHBP for Medicare-eligible military retirees and their families. Waives penalty for retirees who did not elect Medicare Part B.

HR 1631, FEHBP, authorizes FEHBP for military retirees and their dependents and for active-duty dependents.

HR 1773, Mail Order Pharmacy Program, authorizes the DOD Pharmacy Plan for Medicare-eligible retirees and their families.

HR 1362, VA Subvention, authorizes the Department of Veterans Affairs to receive payments from Medicare to serve Medicare-eligible veterans (including military retirees). Note: Medicare Part B payment is required. **HR 3470, Medicare Improvement to Access**, allows certain individuals between 55 and 64 to enroll in Medicare. These individuals would have to meet certain criteria and be required to pay premiums (companion is *S 1789*).

The Retired Enlisted Association VOICE, July/August 1998

USFK Retiree Council Seeking Information

The United States Forces Korea Retiree Council, which represents military retirees to the command, is seeking information on volunteer activities in which retirees participate. If you are serving as a volunteer in Korea, please provide details to the Retiree Activities Office at 784-1441, e-mail RETRACT@osan.af.mil, or to the return address on page 8 of this newsletter.

Community Matters

Use of Credit Cards in the Commissary

Many of you may have noticed the addition of credit card posters at the entrance to your commissary. This service was recently introduced at Camp Carroll (Waegwan), Camp Hialeah (Pusan), Camp Walker (Taegu), Kunsan Air Base (AB), Osan AB and Yongsan Army Garrison (Seoul). Be advised that the service depends on an active telephone line provided by the military, and the lines are currently available only at Routine priority. This means the lines can be preempted by higher priority military calls. If the phone line is not available, you'll have to pay either by check or in cash, so be prepared. When the Defense Commissary Agency Commander tried to use his credit card at the Fort Lee (Virginia) Commissary and the line was not working, he ended up leaving without his groceries because he had not brought his checkbook or cash.

Meet Your Retiree Advisor

The Challenger Club at Osan AB holds quarterly Retiree Appreciation Days the third Saturday in March, June, September and December, between 1 and 4 p.m. This is open to club card holders only. Starting this past June, I attended the Retiree Appreciation Day to answer retiree questions. The next Retiree Appreciation Day at the Challenger Club will be September 19, so if you're a member, drop in and chat with your retiree advisor.

To provide access to other retirees who are not club members and who may not be able to visit the office during the week, the Challenger Club Manager, PJ Roseboro (USAF Retired), generously offered the club lounge to all retirees and widows on the third Saturday of the other months. So, starting in October, I will be available at the Challenger Club from 1 to 2 p.m. (longer if needed) on the third Saturday of those months not occupied by Retiree Appreciation Day. I'll see how the turnout is on October 17 and November 21, and let you know in January's newsletter if the service will continue. Mark it on your calendar – the third Saturday of the month.

Voting

The General Election is November 3. It usually takes 30 to 60 days to process applications, so you need to get your absentee ballot request in now. At Osan, the applications are available from unit voting counselors. For those not affiliated with a unit, the applications are available at the legal office.

Retiree Status and Categories

Retirees are an integral part of the military services and are entitled to the same respect and courtesy shown active-duty members. Their status is similar in many ways to active-duty members. They are subject to recall in the event of a national emergency and, therefore, eligible for

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combat duty.

The Department of Defense (DOD) categorizes all military retirees by age, length of time after retirement, and whether an individual has a disability precluding recall in a mobilization. Category I military retirees are those within their first 5 years of retirement, are under age 60 and not disabled. Category II are those who have been retired more than 5 years and under age 60 and not disabled; Category III includes all others, including those who are disabled. All Category I and II retirees are considered mobilization assets and are counted as part of the total DOD mobilization base. Category III retirees with selected skills, primarily medical personnel, are considered as mobilization assets on a case-by-case basis.

At any time, a secretary of a military department may order regular or reserve 20-year active-duty retirees, regardless of the retired list to which assigned, and members of the Fleet Reserve and the Fleet Marine Corps Reserve to active duty without their consent in the interest of national defense. In time of war or national emergency declared by Congress, the respective Secretary may recall any other retired member of a Reserve Component, with the approval of the Secretary of Defense, when it is determined there are insufficient qualified Reservists in an active status or in the Inactive National Guard.

In this regard, retirees provide an experienced and tested wartime resource in numbers and skills too valuable to ignore. By faithful service, retirees have earned and are entitled to certain rights, benefits and privileges. Under specific conditions, retirees are subject to the Uniform Code of Military Justice, standards of conduct, conflict of interest, and other regulations and laws. Retirees receive a monthly payment from the services as a deferred annuity in recognition of their active service and for their vital role in the nation's military readiness.

1998 Retired Military Almanac

(You can obtain the almanac directly by sending a check or money order for \$6.75, plus 1.50 shipping to:

USA, Inc.

PO Box 4144

Falls Church VA 22044

You can also order via the internet at:

www.members.aol.com/usalmanac

Retiree, Keep Your Mobilization Data Current

Although retiree status and verification forms 1752 and 1752-E are no longer sent to retirees by the Army Reserve Personnel Command's (AR-PERSCOM) Mobilization Branch, retirees still have a duty to keep their computerized personnel records accurate with a current address, home and work telephone numbers, and any changes in their ability to serve if mobilized.

If changes in a retiree's health will prevent further military service, the retiree should provide the center with a description of the physical condition and a physician's

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Qualified Domestic Trust

To QDT or Not (Part 2 of 2)

Assets left to a non-citizen spouse qualify for the 100% marital deduction for estate tax purposes if the estate is left in a Qualified Domestic Trust (QDT or QDOT). A trust is a means of assigning control of the assets to someone other than the non-citizen spouse. To qualify, the QDT must meet the following requirements:

- The trust instrument must provide that at least one trustee be an individual citizen or domestic corporation of the United States.
- The trust instrument must provide that no distribution, other than income distribution, be made unless a trustee has the right to withhold estate taxes.
- The trust must satisfy Department of the Treasury regulations to ensure the ultimate collection of taxes.
- The executor of the decedent's estate must elect to have the trust qualify for the marital deduction. This is done on the decedent's timely filed tax return and is irrevocable.

Assets in the trust becomes subject to taxation at the time it is distributed to the non-citizen spouse, if a non-qualified person becomes trustee, if the trust no longer meets the qualification requirements, or when the non-citizen spouse dies.

From the on-line resources of Deloitte & Touche LLP

Laughing Matters

Great Truths in Life That Little Children Have Learned

- No matter how hard you try, you can't baptize cats.
- When your mom is mad at your dad, don't let her brush your hair.
- If your sister hits you, don't hit her back. They always catch the second person.
- Never ask your 3-year-old brother to hold a tomato.
- You can't trust dogs to watch your food.
- Reading what people write on desks can teach you a lot.
- Don't sneeze when someone is cutting your hair.
- Puppies still have bad breath even after eating a tic tac.
- Never hold a Dustbuster and a cat at the same time.
- School lunches stick to the wall.
- You can't hide a piece of broccoli in a glass of milk.
- Don't wear polka-dot underwear under white shorts. No matter how cute the underwear is.

From the Internet

The Director's Corner

Military retirees and widows of active duty and retired personnel lost a valuable friend and staunch supporter with the death of SFC David Downing, Jr. (USA Retired), on July 4, 1998. In his 22 years of volunteer service in Korea, Dave helped thousands of retirees and widows claim benefits to which they were entitled. The cumulative total of these benefits was probably in the hundreds of thousands of dollars. But it wasn't just the money that made Dave special to "his people." For many, Dave was the only source of assistance. This is particularly true for the hundreds of widows he helped. Dealing with the government bureaucracy is difficult when you're a native English speaker. Dealing with government paperwork when it's in a foreign language makes it an impenetrable barrier.

Not only did Dave help in negotiating the bureaucracy at Defense Finance and Accounting Service, the Veterans Administration and the Social Security Administration, he dealt directly and firmly with the bureaucrats to ensure that "his people" received all the benefits to which they were entitled. His knowledge, experience, determination and

bulldog tenacity often resulted in tipping the scales in favor of "his people" when there was a question of whether or not the entitlement was valid. He will be missed by the many thousands he assisted personally, and he will be remembered by the tens of thousands of military personnel he briefed as part of his pre-separation and pre-retirement counseling responsibilities. His wit and wisdom helped many make the right choices.

Dave is survived in Korea by his widow, Sun Im.

In December 1997, I replaced Dave as the Secretary of the US Military Retirees Association. In January 1998, I opened the Retiree Activities Office at Osan Air Base, and worked closely with Dave in educating and assisting retirees and widows, and fighting for their benefits, rights and privileges. Following Dave's death, I picked up all his files and all his responsibilities. Unfortunately, it will take decades for me to pick up the knowledge that he accumulated during his 22 years of service, and for that loss we will all suffer.

If you were working with Dave on resolving a problem, I should have already contacted you. If I haven't, give me a call at 784-1441 (commercial 0333-661-1441), e-mail RETRACT@osan.af.mil, or write to the address on page 8.

Jack Terwiel

**RETIREE ACTIVITIES OFFICE
51 MSS/CVR
UNIT 2097
APO AP 96278-2097**

ADDRESS CORRECTION REQUESTED

US Military Retirees Association Korea News

RET-IREE Hotline

Dave Downing operated the US Military Retirees Association Korea (USMRAK) hotline until his death on July 4, 1998. After his death, several hotline problems were experienced that we were slow in resolving. A work order was initiated in mid-August to fix the problems, and the hotline should by now be in full operation and checked on a regular basis. We apologize for any inconvenience you may have suffered in trying to contact the hotline. Remember that the number is RET-IREE (738-4733), or 02-7918-4733 from off-post/base.

Jack Terwiel, Secretary

Annual Membership Meeting

It's not too early to mark your calendar for the annual USMRAK membership meeting. As a military retiree in Korea, you are automatically a member. The meeting will be held on December 5, 1998, from noon to 2 p.m. at the Moyer Recreation Center Main Lounge, Yongsan Army Garrison, Seoul. This is a good forum to meet with other retirees and discuss retiree issues. It's timely because the next USFK Retiree Council meeting will be held on December 7. Valid problems you raise to the USMRAK will be passed to the council for command action.

Community Matters - continued from page 6

statement or Veterans Affairs (VA) form listing the conditions and percent of disability. The statement must include a diagnosis, date of illness or injury, prognosis, and an expected date of recovery.

Retirees should continue to advise AR-PERSCOM when the following information or conditions change. Address; Phone Number (Home and Work); ability to serve (Physical Condition).

Retirees can update their records in several ways.
Mail: Commander, AR-PERSCOM; ATTN: ARPC-PSP-A; 9700 Page Ave.; St. Louis, MO 63132-5200
Phone: 1-800-325-2660 or (314) 592-0554
Fax: (314) 592-0578
E-mail: jeffrey.graham@arpstl-emh2.army.mil.

Army Echoes, Apr-Jun 1998, Issue 2, Vol XLIII

