

Emergency Personal Data
(update as necessary and date each update)
date: / /

Emergency contact person: _____

Address: _____

Phone: _____

Prepaid Funeral Arrangements: _____

Location of Health Care Proxy: _____

Location of Living/Irrevocable Trust: _____

Location of NYS Living Will: _____

Location of Durable Power of Attorney: _____

Location of Power of Attorney: _____

Location of Keys: _____

NYS Retiree ID Number: _____

Location of Medicare and Supplemental Insurance Cards: _____

Location of Driver's License/Registration: _____

Location of Birth Certificate/Adoption Papers: _____

Location of Marriage Certificate/Prenuptial Agreement: _____

Location of Divorce/separation Papers: _____

Location of Military Service Records/DD214: _____

Passport Number and Location: _____

Location of income tax records: _____

Location of Naturalization/Resident Papers: _____

NYSUT Membership Number: _____

Instructions for Care of Pet: _____

Include an "In Case of Emergency" listing on your cell phone. EMTs look for this information.

NOTE: There is no claim here that this document is complete or satisfies all situations; it contains suggestions that must be intelligently applied and altered as one plans for the future.

Medical Information

(you might want to put this on a card and carry it in your wallet)

Physician's name and specialty:

Contact information

Pharmacy:

Phone:

Medications: (keep this list updated)

Location of medical records:

Other medical information/instructions:

Banking Information

Primary Checking Account:

Bank Name/Account Number: _____ / _____

Location of Checkbook: _____

Address: _____

Phone: _____

Other Checking Account:

Bank Name/Account Number: _____

Location of Checkbook: _____

Address: _____

Phone: _____

Bank Name/Account Number: _____

Location of Checkbook: _____

Address: _____

Phone: _____

Primary Savings Account:

Bank Name/Account Number: _____

Location of Bankbook: _____

Address: _____

Phone: _____

Other Savings Account:

Bank Name/Account Number: _____

Location of Bankbook: _____

Address: _____

Phone: _____

Special Information Regarding My Bank Accounts:

Safe Deposit Box #1:

Located at _____

Number: _____

Location of keys: _____

Contents of box: _____

Safe Deposit Box #2:

Located at _____

Number: _____

Location of keys: _____

Contents of box: _____

Charge Accounts:

Card 1:

Issued by: _____

Number: _____

Phone: _____

Expiration Date: ____ / ____ / ____

Card 2:

Issued by: _____

Number: _____

Expiration Date: ____ / ____ / ____

Issued by: _____

Number: _____

Phone: _____

Expiration Date: ____ / ____ / ____

Card 4:

Issued by: _____

Number: _____

Phone: _____

Expiration Date: ____ / ____ / ____

Card 5:

Issued by: _____

Number: _____

Phone: _____

Expiration Date: ____ / ____ / ____

Card 6 :

Issued by: _____

Number: _____

Phone: _____

Expiration Date: ____ / ____ / ____

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Insurance Information

Contact my agent or write directly to life insurance companies to claim proceeds as soon as possible. A copy of the death certificate will be required.

Policies are located: _____

Insurances

Life Insurance Policy:

Company: _____
Policy Number: _____ Face Amount _____
Loan Balance: _____ Amount due on death: _____
Agent: _____ Phone: _____

Additional Life Insurance:

Company: _____
Policy Number: _____ Face Amount _____
Loan Balance: _____ Amount due on death: _____
Agent: _____ Phone: _____

Additional Life Insurance:

Company: _____
Policy Number: _____ Face Amount _____
Loan Balance: _____ Amount due on death: _____
Agent: _____ Phone: _____

Homeowner's Insurance:

Company: _____
Policy Number: _____
Agent: _____ Phone: _____

Medical Insurance:

Company: _____
Policy Number: _____
Agent: _____ Phone: _____

Additional Medical Insurance:

Company: _____
Policy Number: _____
Agent: _____ Phone: _____

Long Term Care Insurance:

Company: _____
Policy Number: _____
Agent: _____ Phone: _____

Veteran's Insurance:

Policy Number: _____

Contact: _____ Phone: _____

Liability Umbrella Policy:

Company: _____

Policy Number: _____

Agent: _____ Phone: _____

Dental Insurance Policy:

Company: _____

Policy Number: _____

Agent: _____ Phone: _____

Accidental Death Policy:

Company: _____

Policy Number: _____

Agent: _____ Phone: _____

Disability Insurance Policy:

Company: _____

Policy Number: _____

Agent: _____ Phone: _____

NYSUT Catastrophic Policy (if any):

Company: _____

Policy Number: _____

Agent: _____ Phone: _____

Travel Insurance:

Company: _____

Policy Number: _____

Agent: _____ Phone: _____

Rental Insurance:

Company: _____

Policy Number: _____

Agent: _____ Phone: _____

Optical Insurance:

Company: _____

Policy Number: _____

Agent: _____ Phone: _____

Auto Insurance:

Company: _____

Policy Number: _____

Agent: _____ Phone: _____

Financial Information

Stocks, Bonds, Investments:

Stockbroker: _____

Company: _____

Phone: _____

Address: _____

Title to Stocks and Bonds: _____

Location of stock/bond certificates: _____

Location of complete list of stocks and bonds: _____

Location of Other Financial Records: _____

Financial Advisor's Name: _____

Phone Number: _____

Business Interests:

Description of Business: _____

Share of Ownership: _____

For more information on business matters, contact:

Name: _____

Phone: _____

Outstanding Debts Owed to Me:

Description: _____

Terms: _____

Balance: _____

Documentation: _____

Other Information: _____

Outstanding Debts Owed By Me:

Description: _____

Terms: _____
Balance: _____
Documentation: _____
Other Information: _____

Pensions and Other Income

Pension and Retirement Accounts:

I have the following pensions and/or retirement accounts in addition to the one with the New York State Teachers' Retirement System: (NYSTRS Contact Info: 1-800-348-7298)

Name: _____
Administrator: _____
Address: _____
Phone: _____
Other Notes: _____

Name: _____
Administrator: _____
Address: _____
Phone: _____
Other Notes: _____

Name: _____
Administrator: _____
Address: _____
Phone: _____
Other Notes: _____

Other Sources of Income:

Source: _____
Amount: _____ Special Notes: _____

Source: _____
Amount: _____ Special Notes: _____

Source: _____
Amount: _____ Special Notes: _____

Trusts:
Trust 1: _____ in my will _____ not in my will
Trustee: _____
Phone: _____
Assets: _____
Beneficiaries: _____
Terms: _____

Trust 2: _____ in my will _____ not in my will
Trustee: _____
Phone: _____
Assets: _____
Beneficiaries: _____
Terms: _____

Social Security Benefits:

To receive Social Security benefits, immediately contact the Social Security office nearest you for further instructions so that payments may be received promptly.

You will need the following: a Social Security card or number; death certificate; a birth certificate for every child under 18, or for those under 22 and attending college, the member's birth certificate and marriage certificate/license.

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Real Estate and Other Property

Property One:

You will find the deed to this property _____

It is registered in the following names _____

Estimated value: \$ _____ Mortgage balance: \$ _____ as of ____ / ____ / ____

Files on the purchase of the property, improvements, etc., are located: _____

An inventory of household furnishings and their value is located: _____

Important documents related to this property are located: _____

Special instructions regarding this property: _____

Property Two:

You will find the deed to this property _____

It is registered in the following names _____

Estimated value: \$ _____ Mortgage balance: \$ _____ as of ____ / ____ / ____

Files on the purchase of the property, improvements, etc., are located: _____

An inventory of household furnishings and their value is located: _____

Important documents related to this property are located: _____

Special instructions regarding this property: _____

Property Three

You will find the deed to this property _____

It is registered in the following names _____

Estimated value: \$ _____ Mortgage balance: \$ _____ as of ____ / ____ / ____

Files on the purchase of the property, improvements, etc., are located: _____

An inventory of household furnishings and their value is located: _____

Important documents related to this property are located: _____

Special instructions regarding this property: _____

Property Four

You will find the deed to this property _____

It is registered in the following names _____

Estimated value: \$ _____ Mortgage balance: \$ _____ as of ____ / ____ / ____

Files on the purchase of the property, improvements, etc., are located: _____

An inventory of household furnishings and their value is located: _____

Important documents related to this property are located: _____

Special instructions regarding this property: _____

Other Property of Value (boats, cars, jewelry, collectibles, etc.)

Property description: _____
Location: _____
Estimated value: _ \$ _____
Special notes and/or instructions regarding this property: _____

Property description: _____
Location: _____
Estimated value: _ \$ _____
Special notes and/or instructions regarding this property: _____

Property description: _____
Location: _____
Estimated value: _ \$ _____
Special notes and/or instructions regarding this property: _____

Property description: _____
Location: _____
Estimated value: _ \$ _____
Special notes and/or instructions regarding this property: _____

Property description: _____
Location: _____
Estimated value: _ \$ _____
Special notes and/or instructions regarding this property: _____

Property description: _____
Location: _____
Estimated value: _ \$ _____
Special notes and/or instructions regarding this property: _____

Last Will And Testament

My will is located: _____

I have designated _____ as my executor.

Contact info: _____

Phone: _____

If he/she declines that duty or cannot serve, my alternate executor is _____

Contact info: _____

Phone: _____

Provisions of my will that must be acted upon immediately:

Family and Heirs:

Name	Age	Relationship

Attorney

Accountant

Name: _____ Name: _____

Firm: _____ Firm: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Military Records

Branch of Service: _____

Service Number: _____

Length of Service: from _____ to _____

Highest Rank Achieved: _____

I _____ do _____ do not have a service-related disability.

Location of military records and special papers: _____

I am a member of the following veterans' association(s): _____

You _____ are _____ are not _____ eligible for Veterans' Benefits. To claim your benefits, contact:

Name _____ Phone: _____

And do the following: _____

_____ I am _____ I am not _____ entitled to a Military Honor Guard at the Gravesite. Please ask the funeral director to arrange for an Honor Guard. Ask the funeral director about acquiring a flag, or one may be acquired at the Post Office or Veterans' Office free of charge by completing a form.

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