

- If the document is an item that you normally carry with you (e.g., an insurance card or military ID that you keep in your wallet or purse), make a copy of the item and store that copy with your EFFAK.

Household Identification

Use this section to write down important information about your household. This information can help you to:

- Prove the identity of all household members after a disaster strikes;
- Maintain or re-establish contact with your family or other members of your household;
- Maintain contact with your employer or the employers of others in your household; and
- Apply for FEMA disaster assistance, if eligible (along with the information contained in the **Financial and Legal Documentation** section).

Checklist of Important Documents: Personal and Family Information				
Type of Document	Have	N/A	Date Added/ Updated	Tips and Links
IDENTIFICATION DOCUMENTS				
Driver's license				Photocopy the front and back.
Other photo ID				Photocopy the front and back.
Birth certificate(s)/ adoption papers/child custody documents				You can get copies of birth, adoption, death, marriage, and divorce certificates from your state health or social services administration office for a small fee. The Centers for Disease Control and Prevention (CDC) maintains a state-by-state contact list at: www.cdc.gov/nchs/w2w/ .
Marriage license				
Divorce decree				
Social Security card(s)				If you need a new card or a replacement card, call your local Social Security Administration (SSA) office for assistance at (800) 772-1213 and tell the operator where you live. To locate a nearby office, visit: https://secure.ssa.gov/ICON/main.jsp .
Child identity cards/ dental records/ DNA swabs				Make sure that you have your children's identification records, including recent photographs, child identity cards with fingerprints, dental records (typically stored by dental care providers), or DNA swabs.
Passport/Green Card				Photocopy the first two pages of your passport or front and back of your Green Card. Having a copy of your passport or Green Card will make getting a replacement quicker, if needed. Information about applying for and renewing a passport is available at: www.travel.state.gov/passports , or you can call the National Passport Information Center at (877) 487-2778 . Information about applying for, renewing, and replacing a Green Card is available at: www.uscis.gov/greencard .
Naturalization documents				Information on U.S. Citizenship and Immigration Services is available at: www.uscis.gov . Naturalization documents are the only acceptable proof of citizenship for individuals not born in the United States: www.uscis.gov .

Checklist of Important Documents: Personal and Family Information

Type of Document	Have	N/A	Date Added/ Updated	Tips and Links
MILITARY/SERVICE INFORMATION				
Current military ID				If you are a veteran, keep copies of your DD 214, which is your military discharge form. You can find copies by contacting the U.S. National Archives and Records Administration at (866) 272-6272 or by accessing Veterans' Records online at: www.archives.gov/veterans .
Military discharge record (DD 214)				
PETS				
Pet ID tags				Ensure that you have a copy of your pet's ID tag numbers and microchip account information, if your pet has one. Also, include a current photograph of you with your pet.
Proof of pet ownership (e.g. photos of owners with pets, registration papers)				
Pet microchip information				
Emotional support letter				An emotional support letter is a document provided by a licensed mental health professional that confirms your need for the support animal and states that you are under the care of a licensed doctor or therapist who has prescribed to you an emotional support animal.
Certification for service animals				There are no legal requirements for individuals to have this documentation. However, keep in mind that in the event of an emergency, shelters may need paperwork to differentiate between pets, emotional support animals, and service animals you have with you.

Household Information

Because every household is different, you will need to **customize these forms to meet your needs**. For example, if someone in your household has more than one job, be sure to write down contact information for someone at each job.

YOUR NAME

Last Name:	First Name:	Middle Name:
Date of Birth:	Place of Birth:	

RESIDENCE

Address:		Apt.:
City:	State:	ZIP:
Home Phone:	Cell Phone:	Work Phone:
Email:	Other:	

CURRENT MAILING ADDRESS OR P.O. BOX

Address:		Apt:
City:	State:	ZIP:

NAME OF SPOUSE/PARTNER

Last Name:	First Name:	Middle Name:
Date of Birth:	Place of Birth:	
Cell Phone:		Work Place:
Email:	Other:	

YOUR EMPLOYMENT INFORMATION

Company/Firm:		
Address:		Suite:
City:	State:	ZIP:

NAME OF SUPERVISOR OR OTHER WORK CONTACT

Last Name:	First Name:	Title:
Work Phone:	Email:	
Home Phone:	Other:	

YOUR SPOUSE/PARTNER'S EMPLOYMENT INFORMATION

Company/Firm:		
Address:		Suite:
City:	State:	ZIP:

NAME OF YOUR SPOUSE/PARTNER'S SUPERVISOR/WORK CONTACT

Last Name:	First Name:	Title:
Work Phone:	Email:	
Home Phone:	Other:	

EMERGENCY NOTIFICATION

In the following forms, list trusted family members, friends, or neighbors who should be notified if something happens to you or your spouse.

Contact #1:	Relationship:
Work Phone:	Email:
Home Phone:	Cell Phone:

Contact #2:	Relationship:
Work Phone:	Email:
Home Phone:	Cell Phone:



LIST ALL CHILDREN AND OTHER INDIVIDUALS LIVING IN THE RESIDENCE

Person #1 Last Name:	First Name:	Middle Name:
Email:	Cell Phone:	Date of Birth:
School/Employer:	Contact Name/Supervisor:	
Contact Phone:	Email:	

Person #2 Last Name:	First Name:	Middle Name:
Email:	Cell Phone:	Date of Birth:
School/Employer:	Contact Name/Supervisor:	
Contact Phone:	Email:	

Person #3 Last Name:	First Name:	Middle Name:
Email:	Cell Phone:	Date of Birth:
School/Employer:	Contact Name/Supervisor:	
Contact Phone:	Email:	

Person #4 Last Name:	First Name:	Middle Name:
Email:	Cell Phone:	Date of Birth:
School/Employer:	Contact Name/Supervisor:	
Contact Phone:	Email:	

Type of Document	Have	N/A	Date Added/ Updated	Tips and Links
HOUSING PAYMENTS				
Lease or rental agreement				You may require proof of housing/rental to receive Federal disaster assistance. If you need a copy of your lease or rental agreement, ask your property owner for a copy.
Mortgage or real estate deeds of trust				You may require proof of home ownership to receive Federal disaster assistance. If you need a copy of your mortgage or deed of trust, contact your lending institution. Note: You must continue to pay your mortgage even if a disaster destroys your home or makes it uninhabitable. Failure to pay your mortgage could put your loan in default, which could result in foreclosure.
Second mortgage/private mortgage insurance				Include documentation of all mortgages on your home.
Home equity line of credit				Include copies of other loans or financial responsibilities tied to your home.
OTHER PAYMENTS/FINANCIAL OBLIGATIONS				
Include statements from all your accounts. These documents will include the name of the financial institution, the name of the account holder, the account number, and contact phone numbers.				
Utility bills (e.g., electric, water, gas)				If you do not have a copy of your lease, having proof of utility payments is very important for showing proof of residence.
Loan payments for vehicles				Include a copy of the loan agreement.
Credit card #1				Include the account number, routing number, verification codes, and phone numbers to report lost or stolen cards.
Credit card #2				
Credit card #3				
Student loan				Include a copy of the loan agreement.
Alimony payments				Include a copy of the payment agreement.
Child support payments				Include a copy of the payment agreement and any check stubs or receipts of payments.
Elder care facilities				Include a copy of the payment agreement.
Automatic payments (e.g., gym memberships)				Include a copy of the payment agreement.
Other				
FINANCIAL ACCOUNTS/OTHER ASSETS				
Bank/credit union/debit card/prepaid debit statements				Many people do most of their banking and other financial business online. If you bank electronically, download electronic copies of your account statements on a removable

	Have	N/A	Date Added/ Updated	Tips and Links
Retirement accounts (401K, Thrift Savings Plan, Individual Retirement Account (IRA))				flash or external hard drive every few months. You can also print and store hard copies of account statements on a regular basis (e.g., every three months). The main goal of this is to keep proof that you have an account, your account number, and the institution's contact information.
Investment accounts (e.g., stocks, bonds, mutual funds)				
Vehicle registration/ ownership papers				If you do not have your car ownership papers, you should be able to get a re-issued vehicle title or registration from your local Department of Motor Vehicles.
Other				
Property/homeowners/ renters insurance (including riders)				Call the claims numbers on your insurance policies to verify that the policy numbers are correct. Retain a copy of the claims call number with your records. Many insurance policies are not active until 30 days after you sign the paperwork. Review your policies' coverage to be sure they are still enough to support you and your family. For more tips on how to insure your home, visit: http://www.usa.gov/property-insurance .
Copies of photos of property and contents (including photos of any valuable items that are separately covered)				
Auto insurance				
Life insurance				
Professional appraisals of personal property				
Pet insurance				
Flood insurance				Floods are the nation's most common natural disaster. Flood damage is rarely covered under your homeowners or renters insurance. To learn more about coverage options, contact your agent, call the NFIP Help Center at 1-800-427-4661, or visit www.floodsmart.gov .
Funeral insurance				
Other				
Recent pay stubs for all sources of income				Consider including one or two recent pay stubs for reference.
Government benefits (e.g., Social Security, Temporary Assistance for Needy Families, Veterans benefits)				Having proof of your income sources will be important if an emergency interrupts your income. To learn more about government benefits, grants, and financial aid and to obtain any needed documentation, visit: www.benefits.gov . If you receive paper checks for any of your Federal benefits, consider signing up for automatic benefits through Go Direct (http://www.fiscal.treasury.gov/GoDirect/).

Checklist of Important Documents: Financial Information

Type of Document	Have	N/A	Date Added/ Updated	Tips and Links
Alimony income				
Child support income				
Rewards accounts (e.g., frequent flyer programs, hotel rewards)				
Other				
TAX STATEMENTS				
Previous year's tax returns (Federal, state, and/or local)				You may need tax returns from the previous three years to apply for some new loans. Check whether you are eligible for income-based assistance. Tax experts also recommend keeping all tax returns and records for seven years.
Property tax statement				
Personal property tax (e.g., car tax)				
ESTATE PLANNING				
Will/Trust				A will is a legal document that specifies who will receive your property after your death. A trust holds the property transferred to it and you can give it to a trusted loved one before your death. These documents can help reduce family conflicts, legal time, and financial costs during the stressful time of losing a loved one. Most financial planners can help you create a will or trust, or you can contact a local legal aid office for help. Remember to file a living will and advance directive with hospitals and primary care doctors.
Power(s) of attorney (personal/property)				Giving someone "power of attorney" allows another person to act on your behalf. This person does not need to be an attorney to give them power of attorney. You can give someone complete authority or authority that is limited to certain acts and/or certain periods of time. This is a legal document that a lawyer should write and review.
Other				

Financial Account Information

Note: Safeguard your documents by keeping an **extra copy** in a safe place that you can access if your main copy is damaged or misplaced.

FINANCIAL ACCOUNT INFORMATION (BANKS, CREDIT UNIONS, RETIREMENT ACCOUNTS) #1

Name of Institution:	Type of Account:
Last Four Digits of Account Number:	
Institution Phone Number:	Website:

FINANCIAL ACCOUNT INFORMATION (BANKS, CREDIT UNIONS, RETIREMENT ACCOUNTS) #2

Name of Institution:	Type of Account:
Last Four Digits of Account Number:	
Institution Phone Number:	Website:

CREDIT/DEBIT CARD INFORMATION #1

Card Type (e.g., MasterCard, Visa, American Express):	
Issuer of the Card:	
Card Cancellation Phone Number:	Website:

CREDIT/DEBIT CARD INFORMATION #2

Card Type (e.g., MasterCard, Visa, American Express):	
Issuer of the Card:	
Card Cancellation Phone Number:	Website:

INSURANCE POLICIES #1

Firm/Institution Name:		Name of Policy Holder:	
Policy Number:		Claims Phone Number:	
Type of Policy:	Value:	Coverage Period:	
Website:			

INSURANCE POLICIES #2

Firm/Institution Name:		Name of Policy Holder:	
Policy Number:		Claims Phone Number:	
Type of Policy:	Value:	Coverage Period:	
Website:			

FINANCIAL OBLIGATIONS (Annual, Quarterly, and Monthly Payments) #1

Payee:	Account/Policy Number:
Name of Account Holder:	
Payment Amount:	Due Dates:
Date of Final Payment (if applicable):	Website:

FINANCIAL OBLIGATIONS (Annual, Quarterly, and Monthly Payments) #2

Payee:	Account/Policy Number:
Name of Account Holder:	
Payment Amount:	Due Dates:
Date of Final Payment (if applicable):	Website:

FINANCIAL OBLIGATIONS (Annual, Quarterly, and Monthly Payments) #3

Payee:	Account/Policy Number:
Name of Account Holder:	
Payment Amount:	Due Dates:
Date of Final Payment (if applicable):	Website:

Medical Information

Use this section to store information relating to the **health and medical needs of your household.**

	Have	N/A	Date Added/ Updated	Tips and Links
Physician contact				You may wish to put a copy of your physician's or specialist's business card or paperwork from your most recent visit into your EFFAK.
Pediatrician contact				
Medical specialist contact (e.g., dentist, optometrist)				
Copy of health insurance ID card(s), including Veteran Health Identification Card(s)				You can get a copy of your health insurance cards from your insurance provider or the Department of Veterans Affairs.
Copy of pharmacy ID card(s)				
Medicare card				
Medicaid card				
Record of immunizations/ allergies				
Caregiver agency contract or service agreement				
List of medications you take on a regular basis				
Copies of current prescriptions (including glasses)				
List models, serial numbers, and suppliers for medical equipment (e.g., pacemakers, feeding pumps, home IV units, suction machines, wheelchairs, Braille or lower vision equipment)				
Disabilities documentation				
Living will/power of attorney (medical)				A living will is a legal document that explains the type of care and degree of medical attention you would want in the event of a life-threatening medical condition. You can obtain these free of charge. Discuss this with your health care provider.
Other				

Checklist of Important Documents: Medical Information

Type of Document	Have	N/A	Date Added/ Updated	Tips and Links
Veterinarian contact information				You may wish to put a copy of your veterinarian's business card or paperwork from your most recent visit in your EFFAK.
Pet immunization records				
Copies of current pet prescriptions				



Household Contacts

It is important to have **contact information** for all your financial advisors, health professionals, and service providers. Consider putting a copy of their business cards in your EFFAK or adding these contacts to your cell phone contact list. This information serves as a backup in case your address book or contact lists are lost or destroyed during an emergency or disaster. These contacts include, but are not limited to, the following:

- Landlord or mortgage representative;
- Doctor, dentist, or other health care providers (e.g.; audiologists, kidney dialysis centers);
- Insurance agent;
- Person in charge of your military benefits;
- Social services representative (for services such as the Supplemental Nutrition Assistance Program, Aid to Family programs, Supplemental Security Income, and Social Security Disability Insurance);
- Local disability service provider or case manager;
- Assistive technology or durable medical equipment provider;
- Lawyer;
- Financial advisor;
- Banking institution(s);
- Neighborhood, civic, and house of worship contacts.

POINT OF CONTACT #1:

Contact Type:		
Last Name:	First Name:	Title:
Company/Firm:		
Street:		Suite:
City:	State:	ZIP
Work Phone:		Email:
Home Phone:		Fax:

POINT OF CONTACT #2:

Contact Type:		
Last Name:	First Name:	Title:
Company/Firm:		
Street:		Suite:
City:	State:	ZIP
Work Phone:		Email:
Home Phone:		Fax:

POINT OF CONTACT #3:

Contact Type:		
Last Name:	First Name:	Title:
Company/Firm:		
Street:		Suite:
City:	State:	ZIP
Work Phone:		Email:
Home Phone:		Fax:

LOCATION OF DOCUMENTS

Will: _____

DD214: _____

Current retired pay statement: _____

Marriage certificate(s): _____

Divorce decree(s)/property settlements(s):

Death certificate(s): _____

Birth certificates/adoption papers:

Retirement Orders or 20-year Letter: _____

Safe deposit box: _____

Tax returns: _____

Social Security Cards: _____

Investment papers (CDs, Mutual Funds, IRA, etc.):

Burial plot information: _____

Medical and dental records: _____

Real estate deeds: _____

PHONE NUMBERS/WEBSITES

Casualty Assistance Office (call upon the death of the Retired Soldier): 1-800-626-3317; overseas, call collect (502) 613-3317
<https://www.hrc.army.mil/TAGD/Reporting%20A%20Death>

Retirement Services Office: Listed in every copy of *Army Echoes* or at <https://soldierforlife.army.mil/retirement/rso>

DFAS Retired/Annuitant Pay: 1-800-321-1080
<http://www.dfas.mil/retiredmilitary.html>

VA: 1-800-827-1000 <http://www.va.gov>

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

Update ID cards: 1-800-538-9552; www.dmdc.osd.mil/rsl

For more information on retirement topics, visit the Army Retirement Services website at <http://soldierforlife.army.mil/retirement>.

This pamphlet was prepared by the Army Retirement Services Office and may be reprinted by Army Retirement Services Officers. It is also posted at <https://soldierforlife.army.mil/retirement/postretirement>.



RETIRED SOLDIER CASUALTY ASSISTANCE CHECKLIST



If you died tomorrow, would your family know what to do? You can help your family today by filling out this trifold and making sure your family knows where to find it.

RETIRED SOLDIER CASUALTY ASSISTANCE CHECKLIST

RETIRED SOLDIER INFORMATION

Name: _____

Social Security number: _____

Date/place of birth: _____

Date of retirement: _____

Retired rank: _____

SURVIVOR BENEFIT PLAN

Enrolled in **SBP** **RCSBP** (Circle one)

Election Category: _____

Did you disenroll? **YES** **NO**

VA CLAIM #: _____

Eligible to draw VA disability compensation: **YES** **NO**

Receiving Social Security? **YES** **NO**

Organ donor: **YES** **NO**

SPOUSE INFORMATION

Name: _____

Date of birth: _____

Social Security number: _____

Date of marriage: _____

Place (City, County, State): _____

CHILDREN INFORMATION

Name/Date of birth: _____

Name/Date of birth: _____

Name/Date of birth: _____

Name/Date of birth: _____

Name/Date of birth: _____

Incapable of self-support? NO YES Which _____

LIFE INSURANCE POLICIES

Policy #: _____

Company: _____

Amount: _____

Beneficiary: _____

Agent phone/email: _____

Policy #: _____

Company: _____

Amount: _____

Beneficiary: _____

Agent phone/email: _____

INVESTMENTS

Account #/Type: _____

Issuer: _____

Account #/Type: _____

Issuer: _____

Account #/Type: _____

Issuer: _____

BANK ACCOUNTS

Bank Name: _____

Phone/website: _____

Account #/Type: _____

Account #/Type: _____

Account #/Type: _____

CREDITOR

Name/Account #: _____

Phone/email: _____

Name/Account #: _____

Phone/email: _____

BURIAL INFORMATION

I would like to be: **Buried** **Cremated**

Who should be notified of your death:

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Name of cemetery where you want to be buried or have your ashes inurned: _____

Do you want to be buried in your uniform? **YES** **NO**

Do you want a funeral? **YES** **NO**

If YES, where? _____

Do you have a preference of funeral home? **YES** **NO**

If YES, which one? _____

Do you want a military honor guard? **YES** **NO**

Help your family today by filling out this trifold and making sure your family knows where to find it.

Name:				
Social Security No.				
Date of Birth:			Place of Birth:	
Current Home Address:				Email:
Home Telephone #:			Work Telephone #:	Supervisor's Telephone #:
Prior or Permanent Address:				
Marital Status:	Married: <input type="checkbox"/>	Divorced:	Widowed:	Single: <input type="checkbox"/>
				Separated: <input type="checkbox"/>
Name of Spouse:				
Current Home Address:				
Telephone #:				
Employer (self):				
Address of Employer:				
Work Telephone #:				
Name of Former Spouse:				
Current Home Address:				
Work Telephone #:				
Date of current Marriage				
Place of current Marriage				
Registry of Children:				
Given Name	Date of Birth	Place of Birth	SSN	Address

Pets: _____ Special instructions: _____

Current as of:

Name:				
Social Security No.				
Date of Birth:			Place of Birth:	
Current Home Address:				Email:
Home Telephone #:			Work Telephone #:	Supervisor's Tel #:

Prior or Permanent Address:	
-----------------------------	--

Marital Status:	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Single <input type="checkbox"/>	Separated <input type="checkbox"/>
-----------------	----------------------------------	-----------------------------------	----------------------------------	---------------------------------	------------------------------------

Date and Place of Marriage:	
-----------------------------	--

(Please complete if different than above)

Current Home Address:	
-----------------------	--

Telephone #:	
--------------	--

Spouse's Employer:	
--------------------	--

Address of Employer:	
----------------------	--

Work Telephone #:	
-------------------	--

Name of Former Spouse:	
------------------------	--

Home Address:	
---------------	--

Work Telephone #:	
-------------------	--

Date & Place of Marriage:	
---------------------------	--

Date & Place of Divorce:	
--------------------------	--

Registry of Children (Current spouse's):

Given Name	Date of Birth	Place of Birth	SSN	Address

Current as of:

Grandchildren				
Name	Date of Birth	Place of Birth	SSN	Their Parents

Family (Self)

Name of Father:		SSN:
-----------------	--	------

Home Address:	
---------------	--

Telephone #:	
--------------	--

Work Tel #:	
-------------	--

Name of Mother:		SSN:
-----------------	--	------

Home Address:	
Telephone #:	
Work Tel #:	

Registry of Brothers and Sisters

Given Name	Date of Birth	Place of Birth	Address

Spouse Family

Name of Father:		SSN:
Home Address:		
Telephone #:		
Work Tel #:		

Name of Mother:		SSN:
Home Address:		
Telephone #:		
Work Tel #:		

Registry of Brothers and Sisters

Given Name	Date of Birth	Place of Birth	Address

If any of the above family members are deceased, please indicate date of death next to the name.

Current as of:

THESE PEOPLE MUST BE NOTIFIED

Name:		Relationship:
Address:		Email:
Home Phone:		Work Phone:

Name:		Relationship:
Address:		Email:
Home Phone:		Work Phone:

Name:		Relationship:
Address:		Email:
Home Phone:		Work Phone:

Name:		Relationship:
Address:		Email:
Home Phone:		Work Phone:

Name:		Relationship:
Address:		Email:

Home Phone:		Work Phone:	
Name:		Relationship:	
Address:	Email:		
Home Phone:		Work Phone:	
Name:		Relationship:	
Address:	Email:		
Home Phone:		Work Phone:	
Name:		Relationship:	
Address:	Email:		
Home Phone:		Work Phone:	
Name:		Relationship:	
Address:	Email:		
Home Phone:		Work Phone:	
Name:		Relationship:	
Address:	Email:		
Home Phone:		Work Phone:	
Name:		Relationship:	
Address:	Email:		
Home Phone:		Work Phone:	

Current as of:

Immediate Supervisor:		Email:	
Office Phone:		Home Phone:	
Spouse's Supervisor:		Email:	
Office Phone:		Home Phone:	
Personal Physician:			
Address:			
Office Phone:		Home Phone:	
Clergy:			
Address:			
Office Phone:		Home Phone:	
Attorney:			
Address:			
Office Phone:		Home Phone:	
Dentist:			
Address:			
Office Phone:		Home Phone:	
Accountant:			
Address:			

Office Phone:		Home Phone:	
Banker:			
Bank Name:			
Office Phone:			
Broker:			
Investment Co			
Address:			
Office Phone:			
Other			
Address:			
Office Phone:			
Other			
Address:			
Office Phone:			

Current as of:

Bank:		Website:	
Checking Account No.:		Is Account Joint?	
Savings Account No.:		Is Account Joint?	
Bank:			
Checking Account No.:		Is Account Joint?	
Savings Account No.:		Is Account Joint?	
Stocks and Bonds		Website:	
Type:		Number of Shares:	
Broker name/Address:		Tel:	
Certificate of Deposit #:		Bank:	
Certificate kept at:			
Safety Deposit Box #:		Bank:	
Address of Bank/Branch:			
Safe Deposit Box is accessible by:		Key is kept at:	
Safe Box at Home: Location: Combination:			
DD214 – Record of Military Service is located at:			
Investment/Stock Portfolio is located at:			
Bonds Portfolio is located at:			
Credit Card Accounts:			
Name:		Acc. No:	
Issued by:		Is Account Balance Insured?	

Name:		Acc. No:	
Issued by:		Is Account Balance Insured?	
Name:		Acc. No:	
Issued by:		Is Account Balance Insured?	
401K Plan		Tel:	
File is located at:			
IRA Account		Tel:	
IRA Certificate and file are located at:			

Current as of:

We/I own the property located at:			
Mortgage on the property is held by:			
Address:			
Monthly Payments:		Balance of Loan:	
Value of Property:			
Homeowners Insurance Held by:		Policy#	
Homeowners Insurance Policy is located at:			
Mortgage Insurance if any:		Policy#	
Mortgage Insurance Policy located at:			
I/We own other real estate at:			
I/We own other Investment Property and rentals at:			
Deeds, tax documents and pay records are located at:			

AUTO INSURANCE

Make	Model	Year	Registered To	Status of Ownership

TRAILERS AND OTHER MOTOR VEHICLES

Make	Model	Year	Registered To	Status of Ownership

Current as of:

A SUMMARY OF MY EMPLOYEE BENEFITS

Health Insurance			
I have Self Only	Or Family	Coverage with the following health plan:	
I/We have additional coverage under my spouse's health plan	YES:	NO:	
That plan is		provided by:	
Agency Health Ins Contact Name/Phone			
Life Insurance (1)			
I have Life Insurance in the amount of \$			
Company: Telephone			
I have a designation of beneficiary on file:	YES:	NO:	
The beneficiary named is:			
He/She is aware of this designation:	YES:	NO:	
Life Insurance (2)			
I have Life Insurance in the amount of \$			
Company:		Telephone	
I have a designation of beneficiary on file:	YES:	NO:	
The beneficiary named is:			
He/She is aware of this designation:	YES:	NO:	
I am enrolled in other employee sponsored supplemental insurance plans		Yes:	No:
Plan Names:			
Leaves Balances/Leave Programs:			
As of (date):	Hours of annual leave:	Hours of sick leave:	
I am a member of a Medical Leave Sharing Program:	Yes:	No:	
The beneficiary names is:			
He/She is aware of this designation:	Yes:	No:	
Agency Payroll Dept. Contact Name:		Telephone	
Investment Plans:			
I am a member of Thrift:	Yes:	No:	If yes, current balance:
I have a designation of beneficiary on file:	Yes:	No:	
The beneficiary named is:			
He/She is aware of this designation:	Yes:	No:	

Current as of:

SUMMARY OF UNION BENEFITS

Union (Self)	Member No.
Address	Tel:
Shop steward Name	Tel:

Life Insurance 1			
I have Life Insurance in the amount of \$		Company:	
I have a designation of beneficiary on file:	YES:	NO:	
The beneficiary named is:			
He/She is aware of this designation:	YES:	NO:	
I am enrolled in other employee sponsored supplemental insurance plans:			Yes: No:
Plan Names:			
Annuity Information		Tel:	
Account No.			
The beneficiary names is:			
He/She is aware of this designation:	Yes:	No:	
Other	Tel:		
Account No			
The beneficiary named is:			
He/She is aware of this designation:	Yes:	No:	
Union (Spouse)		Member No.	
Address		Tel:	
Shop steward Name		Tel:	
Life Insurance 1			
I have Life Insurance in the amount of \$		Company:	
I have a designation of beneficiary on file:	YES:	NO:	
The beneficiary named is:			
He/She is aware of this designation:	YES:	NO:	
I am enrolled in other employee sponsored supplemental insurance plans:			Yes: No:
Plan Names:			
Annuity Information		Tel:	
Account No.			
The beneficiary names is:			
He/She is aware of this designation:	Yes:	No:	
Other	Tel:		
Account No			
The beneficiary named is:			
He/She is aware of this designation:	Yes:	No:	
Current as:			
I am a City employee: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Member No: <input type="checkbox"/>	
(ie.: NYCERS)			
Telephone:	Website:	Eligible for retirement as of:	
Other			
I am a City employee (Spouse): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Eligible for retirement as of:	
Other			

Due to prior military service or federal service, I have been advised that I may need to pay either a deposit or a re-deposit to fully receive credit for that service. Yes: No:		
Have deposits/re-deposits been paid?	Yes:	No:
If my death occurs before retirement, my spouse is aware that he/she may be eligible for a survivor annuity? Yes: No:		
Amount: \$	Per month. Restrictions/Limitations:	
Social Security:		
Is my spouse aware he/she and the children may qualify for benefits under Social Security. Yes: No:		
Additional Benefits Information:		

Current as of:

Church Name:		Religious Affiliation:	
Clergy:		Phone:	
Address:			
Who will give the eulogy:			
Readings during the service:		Body present at the service:	
I have a Pre-Paid Burial Plan: YES NO:			
I would prefer to have funeral services held at:			
Funeral Home		Name of Funeral Home:	
Church:	Name of Church:	Address: Phone #:	
I prefer:	Internment	Entombment	Cremation
My choice of cemetery is:			
I have not purchased a lot.		I have purchased a lot.	

The lot is in the name of:		Location of deed for lot:	
I would like to have the following persons act as pallbearers:			
Name:	Tel:	Name:	Tel:
Name:	Tel:	Name:	Tel:
Name:	Tel:	Name:	Tel:
If cremated, what do you wish done with your ashes?			
Would you want an obituary published?			
YES:		NO:	
Please list the following in my obituary:			
I am entitled to Veterans Benefits:			
YES:		NO:	
I am entitled to Military Honors:			
YES:		NO:	
Musical Selections:	Flowers:	Charities:	
Casket Preference if not pre-paid:			
Type of Clothing:	Hair Style:	Make up:	
Jewelry to be given after viewing to:			
If not pre-set Monument Instruction			

Current as of:

Important Legal Documents

Will, Health Care Proxy, Living Will, Power of Attorney.

The Security Benefits Fund offers a number of legal benefits that are necessary for your estate, health and financial

WILL:

Every member, no matter how old or in what circumstance, should have a will. The will:

- Identifies who inherits your assets.
- Designates the person who supervises the distribution of your assets.
- Names trustees and guardians, if necessary.

HEALTH CARE PROXY:

This document designates the person who would make medical decisions for you, if you are not able.

LIVING WILL:

This form addresses end of life decisions.

DURABLE POWER OF ATTORNEY:

This document designates the person who would handle your financial affairs if you are unable to do so.

Records Location

Birth Certificates: _____

Marriage Licenses: _____

Divorce Decree: _____

Children Birth Certificates: _____

Grand Children Birth Certificates: _____ Social Security

Deed to Home: _____

Title to automobile: _____

Tax returns: _____

Will: _____

Other: _____

Other: _____ Other: _____

Other: _____

OTHER IMPORTANT INFORMATION

Current as of: