



# Survivors' Benefit Book





# Survivors' Benefit Book



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**SUMMARY LISTING OF RELEVANT AGENCIES  
AND ORGANIZATIONS**

**NYSCOPBA**

102 Hackett Boulevard  
Albany, New York 12209  
(518)427-1551  
1-888-484-7279  
[www.nyscopba.org](http://www.nyscopba.org)

**New York State Employees' Retirement System**

Member Services  
110 State Street  
Albany, New York 12236  
(518)474-7736  
1-866-805-0990  
[www.osc.state.ny.us](http://www.osc.state.ny.us)

**New York State Department of Civil Service**

Employee Benefits Division  
Alfred E. Smith State Office Building  
Albany, New York 12239  
(518)457-5754  
1-800-833-4344  
[www.cs.state.ny.us](http://www.cs.state.ny.us)

**New York Workers' Compensation Board**

20 Park Street  
Albany, New York 12207  
1-877-632-4996  
[www.wcb.state.ny.us](http://www.wcb.state.ny.us)

**New York State Division of Veterans' Affairs**

5 Empire State Plaza, Suite 2836  
Albany, New York 12223-1551  
(518) 474-6114  
1-888-838-7697  
[www.veterans.state.ny.us](http://www.veterans.state.ny.us)

**Social Security Administration**

1-800-772-1213

[www.ssa.gov](http://www.ssa.gov)

**Public Safety Officers' Benefits Program**

Benefits Office

Bureau of Justice Assistance

810 Seventh Street NW

Washington, DC 20531

(202)307-0635

1-888-744-6513

Fax: (202) 616-0314

[AskPSOB@usdoj.gov](mailto:AskPSOB@usdoj.gov)

**Correctional Peace Officers Foundation, Inc.**

1346 North Market Boulevard

P.O. Box 348390

Sacramento, California 95834

916-928-0061

1-800-800-2763

Fax: (916) 928-0072

**Correctional Services Trust Fund**

2 Crimson Way

Plattsburgh, New York 12901

518-561-2937

1-800-269-3723

Fax: (518) 561-7459

**Norvest**

930 Albany Shaker Road

Latham, New York 12110

(518)782-9334

1-888-869-8252

Fax: (518) 782-9336

[www.norvest.net](http://www.norvest.net)

## INTRODUCTION

This booklet is an attempt to provide all members' surviving family members with the information needed at the time of a member's death. It is important to review the contents, complete needed information and update the information as necessary. Additionally, be sure to keep this booklet in a safe and secure place (and let family members know where it is). Doing so will help to ensure surviving family members have the pertinent information needed to receive everything they are entitled to through the State of New York.

If NYSCOPBA can be of any assistance,  
please contact the main office at:  
New York State Correctional Officers & Police  
Benevolent Association, Inc.  
102 Hackett Boulevard  
Albany, NY 12209  
**Attention: Membership Department**  
(518) 427-1551 OR 1-888-484-7279

### IMPORTANT FACTS FOR ALL MEMBERS

1. It is imperative that your survivors collect or have on file the following documentation in order to receive all benefits due:
  - Social Security Numbers (member/spouse/eligible dependents)
  - Birth Certificate (member/spouse/eligible dependents)
  - Death Certificates
  - Wills
  - Registration Number from the Retirement System
  - All Beneficiaries
  - All Insurance Policies (Company and Policy Number)
  - Option Chosen at Time of Retirement
  - All Bank Accounts (checking, savings, investments, credit unions, savings certificates, individual retirement accounts (IRA), stocks and bonds, mutual funds, safety deposit box)
  - Deferred Compensation Account
  - Domestic Relations Orders
  - Military DD-214 Certificate of Release or Discharge from Active Duty

**(NOTE: Remember to periodically update the above items in regards to any changes that occur throughout your life.)**

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2. Should you divorce and wish to take your spouse off as a beneficiary designee, be advised that your divorce papers must address this issue and state that the spouse has given up any rights as a beneficiary. Otherwise, if your spouse is listed as a beneficiary and you divorce and change beneficiaries, the ex spouse will still be entitled to benefits.
3. Any member who is unsure of their beneficiary designations or wants to make a change should contact the New York State Retirement System, as well as their life insurance agent. NYSCOPBA's Membership Services Department should be contacted regarding any insurance policies purchased through the Union.
4. It is strongly recommended that you prepare and update, as necessary, your will. A will allows the member to choose the person they want to oversee the distribution of the estate, the trustee of any trusts set up for the benefit of minor children, and the guardians of any minor children the member has sole custody of.

### **ACTIVE MEMBERS ONLY**

1. Upon the member's death, the surviving spouse or representative should contact the deceased's facility payroll office, personnel administrator, Deputy Superintendent of Administration, NYSCOPBA, and a local Steward (who will arrange a meeting to sign forms and review employment-related records, such as time accruals and salary amounts due).
2. Because of legal consequences (the filing of legal documents to access safe deposit boxes and release bank accounts, identifying, locating and distributing property, and advice on how death benefits should be paid and invested), the surviving spouse or representative may want to contact the family attorney, a probate attorney and/or a financial advisor.
3. Death benefits available to an active member's surviving family include:
  - Generally speaking, there are two categories of death benefits available to the designated beneficiary(s) - Ordinary and Accidental.

A. Ordinary: If the member dies while on payroll, or within 12 months of being on payroll, as a result of causes other than a work-related accident, an ordinary death benefit is available. The amount of the benefit varies depending upon when the member joined the Retirement System, the member's number of years of service, whether the member is in a special retirement plan (i.e., 20 year retirement) and whether he/she is in the Employees Retirement System or the Police and Fire Retirement System.

Since the exact amount of the Ordinary death benefit depends on so many variables, contact a benefits specialist at the Retirement System ((518)474-7736 or 1-866-805-0990) for specifics. Most members will find that the amount of their Ordinary death benefit is approximately 3 times their annual salary (salary meaning the regular compensation earned during the last 12 months of service as a member, excluding any form of termination pay, lump sum payment for sick leave, accumulated vacation credit or any other payment for time not worked, and in no event exceeds the maximum salary specified in Section 130 of the Civil Service Law).

**(NOTE: surviving family is NOT entitled to the member's pension);**

B. Accidental: Regardless of when a member joined the Retirement System or the member's number of years of service, if the member died as a result of a work-related accident not due to the member's own willful negligence, the benefit is an annual pension equal to 50% of the member's final average salary\* payable to (1) the member's spouse (for life or until remarriage), (2) if no spouse, or in the event or remarriage, to the surviving children\*\*; (3) if no spouse or eligible children, to the parent or parents in accordance with rules and regulations, or (4) in certain instances, to other dependents.

In addition to a death benefit, a surviving spouse or beneficiary is entitled to the return of the deceased member's accumulated pension contributions, if any.

\*The annual accidental death benefit for Tier III members is

subject to annual escalation or reduction, depending upon the CPI.

\*\*The age at which children are no longer eligible to receive this benefit varies from 18 to 25, depending upon Tier.

Normally, the facility payroll office contacts the New York State Retirement System to begin processing the death benefit claim. Therefore, it is important to contact the payroll office promptly upon the member's death.

Questions concerning the status of the processing of the death benefit should be directed to:

### **Member Services**

New York State Employees Retirement System  
110 State Street  
Albany, New York 12236  
(518)474-7736  
1-866-805-0990  
[www.osc.state.ny.us](http://www.osc.state.ny.us)

- **Workers' Compensation Accidental Death Benefit:** If the member dies as a result of a job-related injury, illness or disease, a Workers' Compensation death benefit is payable. The benefit includes payment of a set fee for funeral expenses and weekly payments to the surviving spouse and minor children, or if no surviving spouse and minor children, a lump sum payment to the deceased's estate.

The amount of the weekly payment varies depending upon a number of circumstances, but is generally equal to 2/3 of the deceased member's average wage, with a cap of \$550 and a Social Security offset. Then from July 1, 2009, to June 30, 2010, that cap will increase to \$600 and a Social Security offset. Beginning July 1, 2010, and then on July 1<sup>st</sup> of each succeeding year, the cap will be 2/3 of the NYSAWW (New York State Average Weekly Wage) with a Social Security offset. The payment is apportioned in different amounts among the unremarried surviving spouse and minor children, if any. A member's surviving spouse or representative who believes they may be entitled to this ben-

enefit should obtain the assistance of an attorney experienced in the practice of Workers' Compensation Law.

Questions relating to this death benefit can be directed to the New York State Workers' Compensation Board at 1-877-632-4996.

- **Public Safety Officer's Death Benefit:** If the member's death occurred in the line of duty, a death benefit in the amount of \$303,064 (as of Fiscal Year 2008, which is October 1, 2007, to September 30, 2008, and subject to CPI increase) may be available. Claims may be filed with:

Benefits Office  
Bureau of Justice Assistance  
810 Seventh Street, NW  
Washington, D.C. 20531  
(202)307-0635  
1-888-SIGNL13 (744-6513)  
Fax: (202)616-0314  
AskPSOB@usdoj.gov

- **Collective Bargaining Agreement Death Benefit:** Article 25.7 of the collective bargaining agreement provides a \$50,000 survivor's benefit in the event the member died as a result of an accidental on-the-job injury or disease, provided that the Public Safety Officer's Death Benefit is not available, and provided that a death benefit is paid pursuant to the Workers' Compensation Law. The contractual benefit also provides a college tuition assistance component. Questions concerning eligibility or entitlement of this benefit should be directed to NYSCOPBA's Retirement Department.
- **Credit Union Benefit:** In some instances, credit unions offer a death benefit to participating members. Therefore, if the deceased member utilized a credit union, the surviving spouse or representative should contact the credit union to determine if such a benefit exists and whether the deceased member qualified.

### **Life Insurance:**

- There are, or may be, several sources of life insurance policies

covering a member. All active members of NYSCOPBA are covered by a group term policy held by NYSCOPBA. The death benefit of this policy is \$15,000 for deaths resulting in natural causes, and an additional \$26,000 for a death resulting from an accident. Upon the death of a member, notification should be directed to:

New York State Correctional Officers &  
Police Benevolent Association, Inc.  
102 Hackett Boulevard  
Albany, NY 12209

**Attention: Membership Department**  
(518) 427-1551 OR 1-888-484-7279

- In addition to the NYSCOPBA group term policy, a member may be enrolled in a voluntary payroll deduction program involving the purchase of life insurance or disability insurance with a death benefit. A member's participation in such a program should be indicated on the member's pay stub. A surviving spouse or representative should contact the deceased member's employer's payroll office to determine whether the member did participate in such program. If so, contact NYSCOPBA to file a claim.
- Finally, a member may have life insurance coverage through a personal individual policy through previous employers or other organizations, groups or associations of which he/she was a member. To determine if other life insurance exists, a surviving spouse or representative should inspect the deceased member's safe deposit box and all personal papers, including check book registers, and he/she should also contact any organizations, groups or association of which the deceased was a member.
- **Social Security Survivor's Insurance:** Under certain circumstances, surviving spouses are entitled to receive Social Security benefits on behalf of themselves and/or their children (to age 18 or for a limited period longer as long as they are in school). Social Security benefit applications must include the deceased member's Social Security number and must usually be accompanied by a birth and death certificate, a marriage certificate, a birth certificate of the surviving spouse and surviving children. In some instances, local Social Security

offices ask that the deceased member's Social Security card be presented to a local Social Security Administration representative. Information concerning Social Security benefits and applications can be obtained from the Social Security Administration at (800-772-1213), or the telephone number for the local office of the Social Security Administration can be found in a telephone directory.

- **Veterans' Benefits:** If the deceased member was a veteran of military service, death and/or funeral benefits may be available. Generally, veterans are entitled to a lump sum burial payment, a burial flag and a headstone or grave marker; however, other benefits may be available. Inquiries about benefits should be directed to the local Veterans Administration Office or:

New York State Division of Veterans' Affairs  
5 Empire State Plaza, Suite 2836  
Albany, New York 12223-1551  
1-888-838-7697  
[www.veterans.state.ny.us](http://www.veterans.state.ny.us)

- **Color Guard, Pall Bearers and Flags at Funeral Services:** Upon request, some employers and employing agencies will provide a color guard and pall bearers at funeral services. Inquiries and requests should be directed to the worksite/work facility administrators.
4. **Dependent Survivor Health Insurance Coverage** - If the member carried his/her health insurance through the New York State Health Insurance Program (NYSHIP), there are several benefits available to surviving family members as follows:
- Outstanding health insurance bills incurred before the member's death will be paid in accordance with the terms of the insurance policy;
  - The surviving family will continue to receive coverage, without charge, for five biweekly payroll periods beyond the payroll period for which the member's last health insurance deduction was taken (includes dental and vision coverage). (NOTE: survivors should continue to use the cards they already have

under the deceased member's identification number. After the extended benefits period, the survivors who enrolled for dependent survivor coverage will receive a new insurance card in their own names and identification numbers. Benefits will change to retiree benefits.)

- Coverage beyond the above-extended benefits period is as follows:
- The unremarried spouse or domestic partner who has not acquired another spouse/domestic partner, as well as eligible dependent children, may continue coverage under NYSHIP (NOTE: if they are eligible but choose not to participate or fail to make the required payments, coverage ends permanently and they may not re-enroll).
- If the member dies as a result of a work-related illness or injury, regardless of age at the time of death or length of service, the State will pay 100% of the cost of NYSHIP coverage (up to the cost of the Empire Plan premium) for eligible dependents.
- If the member's death was not due to a work-related illness or injury and the member had 10 years of service with New York State or an agency eligible to participate in NYSHIP and the member was within 10 years or less from retirement in a retirement system administered by New York State or any of its political subdivisions, dependents will pay the same rate that active members pay toward the cost of the Empire Plan or HMO premium;
- If the member's death was not due to a work-related illness or injury and the member had 10 years of service with New York State or an agency eligible to participate in NYSHIP but was not within 10 years of retirement, eligible dependents will pay the entire premium (both the employer and employee shares) for the Empire Plan or HMO premium;
- If the member's death was not due to a work-related illness or injury and the member had less than 10 years of service with New York State or an agency eligible to participate in NYSHIP,

eligible dependents are entitled to continuation of coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA), a federal continuation of coverage law, for up to 36 months. The dependents are responsible for the entire premium (both the employer and employee shares). COBRA coverage is the same coverage dependents had at the time of the member's death. **(NOTE: for further information on COBRA, review your NYSHIP General Information Book & Empire Plan Certificate or contact the Employee Benefits Division of Civil Service).**

- Once eligible dependents' COBRA coverage ends, surviving family members are allowed to convert to a direct-pay conversion contract with NYSHIP health insurance carriers or with their HMO.
  - If the surviving spouse loses eligibility or dies, the other eligible dependents may continue coverage as dependent survivors until they no longer meet the eligibility requirements as dependents. If they no longer meet the requirements, they may enroll in COBRA or convert to a direct-pay contract.
  - Survivors are covered by the same rules as other enrollees for changing options.
  - If the spouse and dependents are not eligible for survivor coverage under the New York State Health Insurance Program, they may be eligible to continue coverage under COBRA or convert to a direct pay conversion contract.
5. Dependent Survivor Dental & Vision Coverage is as follows:
- In regards to continuation of vision care coverage, eligible dependents are eligible to keep the benefit through COBRA only. In regards to continuation of dental coverage, dependents have a choice of keeping the benefit through COBRA or getting a conversion plan directly with Group Health Incorporated. (If dependents choose COBRA and keep it through their entire eligibility period, they can pick up the conversion plan at that time). **(NOTE: for more information, contact the Retirement Department at NYSCOPBA or call the Employee Benefits Division of Civil Service).**

6. Eligible dependents applying for any COBRA coverage must do so within 60 days from the date coverage would otherwise end.
7. **Regular Paycheck** - In most cases, a deceased member will have a final paycheck due him/her. Due to the "lag pay" program, the final paycheck will not be issued until several weeks after the member's death. This check should include salary, overtime compensation, pre-shift briefing pay and travel or business expense reimbursements. The surviving spouse and/or representative should contact the payroll office to confirm amounts due. The pay stub from this final check is an important document and contains information such as salary amount, overtime amount, tax withholdings and payroll deductions for identified purpose. **(NOTE: keep this pay stub in a safe place and make sure family members know where it is located.)**
8. **Accrued Leave Time** - A lump sum payment may be available for any accrued vacation time. A maximum of thirty days of unused vacation time may be converted to cash. Unused sick time and personal time are lost and cannot be cash in or credited toward the cost of health insurance premiums for the surviving family members. The surviving spouse/representative should contact the deceased member's local Steward, who can provide assistance in verifying how much unused vacation time remains.
9. **Deferred Compensation and Annuity Programs** - If the deceased member participated in a deferred compensation or tax-sheltered annuity program, money contributed and invested becomes payable upon death. A member's participation in these programs should be reflected on the pay stub. The surviving spouse or representative should contact the deceased member's payroll office to determine whether the member participated in such a plan to arrange for the distribution of the deferred compensation monies or transfer of the annuity.

### RETIREES

1. Dependent Survivor Health Insurance Coverage - if the retiree carried his/her health insurance through the New York State Health Insurance Program (NYSHIP), there are several benefits available to surviving family members as follows:

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- Outstanding health insurance bills incurred before the retiree's death will be paid in accordance with the terms of the insurance policy;
- The surviving family will continue to receive coverage for three months beyond the month in which the retiree dies. The last two months of coverage will be provided at no cost. **(NOTE: survivors should continue to use the cards they already have under the retiree's identification number. After the extended benefits period, the survivors who enrolled for dependent survivor coverage will receive new insurance cards in their own names and identification numbers.)**
- Coverage beyond the above-extended benefits period is as follows:
  - If the retiree retired on or after April 1, 1979, with 10 or more years of active service with the State or with a combination of service with the State, or a Participating Employer or Participating Agency or any political subdivision, such as a municipality, which has been eligible to participate in NYSHIP, the surviving dependents will make the same contribution as active employees make toward the cost of the Empire Plan or HMO premium.
  - If the retiree retired before April 1, 1979, with 10 or more years of active service with the employer or other qualifying employment, the surviving dependents may continue coverage but will be required to pay the full cost of the Empire Plan or HMO premium.
  - If at the time of retirement the retiree chose the Dual Annuitant Sick Leave Credit, that credit will continue to reduce the premium of the dependent survivors.
  - If the retiree has two dependent survivors paying the full cost of the premium, each may have individual coverage. Three or more dependent survivors paying the full cost of the premium may share one family coverage.

- If the surviving spouse is eligible to be enrolled in NYSHIP because of previous employment with the State or a Participating Employer but declined enrollment while covered under the retiree, he/she should write to the Employee Benefits Division with details of previous work experience in order to continue coverage as an enrollee. If the surviving spouse worked for a Participating Agency, he/she should write to the Participating Agency to ask about re-enrollment. Coverage as a former employee may be less expensive than coverage as a dependent survivor.
- If the surviving spouse loses eligibility or dies, the other eligible dependents may continue coverage as dependent survivors until they no longer meet the eligibility requirements as dependents. If they no longer meet the requirements, they may enroll in COBRA or convert to a direct-pay contract.
- Survivors are covered by the same rules as other enrollees for changing options.
- If the spouse and dependents are not eligible for survivor coverage under the New York State Health Insurance Program, they may be eligible to continue coverage under COBRA or convert to a direct pay conversion contract.

**Personal Information Sheets**  
**Personal Information**  
**Yourself**

**Name:** \_\_\_\_\_

Previous Names: \_\_\_\_\_  
(Including maiden name)

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Town/City/County/State of Birth: \_\_\_\_\_

\_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Your Country of Citizenship: \_\_\_\_\_

Marital Status: \_\_\_\_\_  
(Single, Married, Divorced or Widowed)

If married, divorced or widowed,  
give relevant dates and places: \_\_\_\_\_

\_\_\_\_\_

**Spouse**

**Spouse's Name:** \_\_\_\_\_

Spouse's Previous Names: \_\_\_\_\_  
(Including maiden name)

\_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

Spouse's Town/City/County/State of Birth: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spouse's Date and City/State of Death: \_\_\_\_\_

Spouse's Current Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spouse's Telephone Number: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_

Spouse's Country of Citizenship: \_\_\_\_\_

\_\_\_\_\_

**Children**

**Child One**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

=====

**Child Two**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

=====

**Children Cont'd**

**Child Three**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

=====

**Child Four**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

=====

**Children Cont'd**

**Child Five**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

=====

**Child Six**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

=====

**Children Cont'd**

**Child Seven**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_

=====

**Child Eight**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_

=====

**Parents' Names**  
(Including maiden name)

**Father:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

If deceased, Date and Place of Death: \_\_\_\_\_

\_\_\_\_\_

=====

**Mother:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

If deceased, Date and Place of Death: \_\_\_\_\_

\_\_\_\_\_

**Brother and Sisters**  
(Including maiden name)

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

If deceased, Date and Place of Death: \_\_\_\_\_

=====

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

If deceased, Date and Place of Death: \_\_\_\_\_

\_\_\_\_\_

**Brother and Sisters Cont'd**  
(Including maiden name)

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

If deceased, Date and Place of Death: \_\_\_\_\_

=====

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

If deceased, Date and Place of Death: \_\_\_\_\_

\_\_\_\_\_

**Brother and Sisters Cont'd**  
(Including maiden name)

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

If deceased, Date and Place of Death: \_\_\_\_\_

=====

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

If deceased, Date and Place of Death: \_\_\_\_\_

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**Brother and Sisters Cont'd**  
(Including maiden name)

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

If deceased, Date and Place of Death: \_\_\_\_\_

=====

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

If deceased, Date and Place of Death: \_\_\_\_\_

\_\_\_\_\_

**Military Information  
Self**

Branch: \_\_\_\_\_

Rank: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Date Served: \_\_\_\_\_

Date Discharged: \_\_\_\_\_

Honorable Discharge: \_\_\_\_\_

**Spouse**

Branch: \_\_\_\_\_

Rank: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Date Served: \_\_\_\_\_

Date Discharged: \_\_\_\_\_

Honorable Discharge: \_\_\_\_\_

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**Employment Information**

**Your Present Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Union Information: \_\_\_\_\_

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**Your Previous Employers**

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

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**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

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**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

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**Employment Information  
Your Previous Employers Cont'd**

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

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**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

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**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

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**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

---

**Employment Information  
Your Previous Employers Cont'd**

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

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**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

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**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

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**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

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**Employment Information  
Spouse's Employer**

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Parents' Employers**

**Father's Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_

**Mother's Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_

**Funeral Arrangements and Notification**

Funeral Home at which burial arrangements have been, or should be, made:

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Persons/Organizations to Notify in Event of Death:**

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Persons/Organizations to Notify in  
Event of Death:**

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_

**Religious Information**

Place of Religious Worship and Contact Person:

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Will**

Do you have a **Will**? \_\_\_\_\_

Location: \_\_\_\_\_

Date executed: \_\_\_\_\_

Prepared by: \_\_\_\_\_

**Important Documents and Papers**

Location of:

**Your Birth Certificate:** \_\_\_\_\_

**Spouse's Birth Certificate:** \_\_\_\_\_

**Important Documents and Papers Cont'd**

Location of:

**Your Children's Birth Certificate:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Marriage Certificates:** \_\_\_\_\_

\_\_\_\_\_

**Divorce or Annulment Papers:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Deeds and Mortgages to Real Property:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Titles to Personal Property:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Important Documents and Papers Cont'd**

Location of:

**Stock Certificates, Annuities, Bonds and Notes, and Life Insurance Policies:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Trust Documents:** \_\_\_\_\_

\_\_\_\_\_

**Pay Check Stubs and Direct Deposit Statements:**

\_\_\_\_\_

\_\_\_\_\_

**Income Tax Returns:** \_\_\_\_\_

\_\_\_\_\_

**Military Discharge Papers:** \_\_\_\_\_

\_\_\_\_\_

**Pertinent Beneficiary Designation Forms:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Assets and Benefits**  
Banks and Credit Unions

**Bank:** \_\_\_\_\_

Address: \_\_\_\_\_

Acct. #: \_\_\_\_\_

Acct. Type: \_\_\_\_\_

**Bank:** \_\_\_\_\_

Address: \_\_\_\_\_

Acct. #: \_\_\_\_\_

Acct. Type: \_\_\_\_\_

**Bank:** \_\_\_\_\_

Address: \_\_\_\_\_

Acct. #: \_\_\_\_\_

Acct. Type: \_\_\_\_\_

**Bank:** \_\_\_\_\_

Address: \_\_\_\_\_

Acct. #: \_\_\_\_\_

Acct. Type: \_\_\_\_\_

**Bank:** \_\_\_\_\_

Address: \_\_\_\_\_

Acct. #: \_\_\_\_\_

Acct. Type: \_\_\_\_\_

**Bank:** \_\_\_\_\_

Address: \_\_\_\_\_

Acct. #: \_\_\_\_\_

Acct. Type: \_\_\_\_\_

**Safe Deposit Box Information**

**Bank:** \_\_\_\_\_

Address: \_\_\_\_\_

Box No: \_\_\_\_\_

Location of Key: \_\_\_\_\_

**Bank:** \_\_\_\_\_

Address: \_\_\_\_\_

Box No: \_\_\_\_\_

Location of Key: \_\_\_\_\_

**Bank:** \_\_\_\_\_

Address: \_\_\_\_\_

Box No: \_\_\_\_\_

Location of Key: \_\_\_\_\_

**List all Stocks, Annuities, Bonds and Other Securities or Brokerage Company**

**Broker Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Broker Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Broker Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**List all Stocks, Annuities, Bonds and Other Securities or Brokerage Company Cont'd**

**Broker Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Broker Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Broker Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Broker Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Broker Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Real Estate Owned**

**Property #1**

**Location:** \_\_\_\_\_

Owners: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Date of Sale: \_\_\_\_\_

**Property #2**

**Location:** \_\_\_\_\_

Owners: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Date of Sale: \_\_\_\_\_

**Property #3**

**Location:** \_\_\_\_\_

Owners: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Date of Sale: \_\_\_\_\_

**Property #4**

**Location:** \_\_\_\_\_

Owners: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Date of Sale: \_\_\_\_\_

**Real Estate Leased**

**Location:** \_\_\_\_\_

Landlord: \_\_\_\_\_

Lease Term: \_\_\_\_\_

**Personal Property List**

(i.e. cars, boats, patents, jewelry, art, cash, savings bonds, etc.) and Location:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

**Other Income Sources**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**Life Insurance Information**

Insurance Company #1

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Agent's Telephone Number: \_\_\_\_\_

**Life Insurance Information Cont'd**

Insurance Company #2

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Agent's Telephone Number: \_\_\_\_\_

Insurance Company #3

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Agent's Telephone Number: \_\_\_\_\_

**Life Insurance Information Cont'd**

Insurance Company #4

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Agent's Telephone Number: \_\_\_\_\_

Insurance Company #5

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Agent's Telephone Number: \_\_\_\_\_

**Health Insurance**

(Including Long-Term Care Insurance)

Health Insurance Company #1

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Health Insurance Company #2

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Health Insurance Company #3

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Individual Retirement Accounts  
(IRAs/401K/Union Retirement Accounts)**

**Name of Account Custodian:** \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Name of Account Custodian:** \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Name of Account Custodian:** \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_

**Other Assets**

Asset 1. \_\_\_\_\_

Asset 2. \_\_\_\_\_

Asset 3. \_\_\_\_\_

Asset 4. \_\_\_\_\_

**Debts**

Mortgages, Notes and Loans:

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount of Debt: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount of Debt: \_\_\_\_\_

**Debts Cont'd**  
Mortgages, Notes and Loans:

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_

Amount of Debt: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_

Amount of Debt: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_

Amount of Debt: \_\_\_\_\_

**Debts Cont'd**  
Mortgages, Notes and Loans:

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_

Amount of Debt: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_

Amount of Debt: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_

Amount of Debt: \_\_\_\_\_

**Credit Cards**

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Credit Cards Cont'd**

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Other Debts and Financial Obligations**

(i.e., child support, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

**Organizations Of Which You Are  
A Member**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_

**Organizations Of Which You Are  
A Member Cont'd**

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Organizations Of Which You Are  
A Member Cont'd**

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_



