

# Personal Records Register

Of

Date of birth: \_\_\_\_\_

Social security number \_\_\_\_\_

Emergency contact person: \_\_\_\_\_

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

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

*This document contains personal information.  
Protect it as you would any important document  
and be sure your next of kin/executor/significant  
other knows where it is kept.*

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

This packet of materials has been prepared for Faculty Association Retirees to help deal with an important, if often unpleasant, fact of life: bad stuff happens to us and to those we love. **There is no claim here that the pages are complete or satisfy all situations; they are suggestions and must be intelligently applied and altered as one plans for the future.**

# **Things You Should Do Right Away** **(before crisis hits):**

- Update your beneficiary(ies) as necessary.
- List any on line accounts: usernames and passwords, and give the list to two people. Keep this list updated and well secured.
- Do a written and/or video inventory of all your possessions
- Make a list of all your credit card accounts.
- Well before having to deal with the passing of a spouse or significant other, consider having him/her establish credit in his/her own name.
- Make certain your next of kin/executor knows where this completed booklet is kept.

## **After Crisis Occurs:**

- Notify Human Resources at Suffolk CC 631.451.4207.
- Contact the Employee Medical Health Plan to discuss medical insurance: 631.853.4866  
ebu@suffolkcountyny.gov
- Notify the Faculty Association: 631.451.4151.
- Notify the Faculty Association Benefit Fund: 631.451.4323.
- Depending on your retirement plan contact the NYS Teachers' Retirement System to revise pension payments, if necessary: 800.348.7298 ; OR the NYS Employee Retirement System to revise pension payments, if necessary: 866.805.0990 ; OR TIAA 800.842.2252.

# **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: \_\_\_\_\_

TRS/ERS 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.*

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# **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:**

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# 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:

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## 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: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Card 2:

Issued by: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Card 3:

Issued by: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Card 4:

Issued by: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Card 5:

Issued by: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Card 6 :

Issued by: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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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 additional pensions and/or retirement accounts:

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 you 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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## When You Lose a Loved One.....

- Locate any documents pertaining to pre-paid or pre-planned funeral arrangements.
- Notify Human Resources at Suffolk CC 631.451.4207.
- Contact the Employee Medical Health Plan to discuss medical insurance: 631.853.4866  
ebu@suffolkcountyny.gov
- Notify the Faculty Association: 631.451.4151.
- Notify the Faculty Association Benefit Fund: 631.451.4323.
- Be sure to request at least 10 copies of the death certificate from the funeral director.

Cancel, as appropriate, update or change the names on:

- Driver's license
- Car(s) registration (s) and insurance
- Your life insurance
- Bank accounts. Consider making them TOD accounts (Transfer on Death) so that your survivor has access to the funds after your passing.
- Magazine subscriptions
- Social media accounts
- Alarm codes
- Deed to house and other properties
- Credit cards (you may have to cancel and reapply. It depends on your credit limit and income. Another option is to freeze the deceased's name on the account(s).
- Cell phone account
- Any frequent flyer/traveler accounts. Negotiate for the miles
- IRAs, TDAs
- List any on line accounts: usernames, passwords, and give the list to two people. Keep this list updated and well secured.
- Power of attorney and health care proxy
- Update all beneficiaries on all accounts
- Update your will
- Apply for Social Security death benefit.
- Contact credit reporting agencies: The three main ones are:
  - **Equifax** - www.equifax.com  
P.O. Box 740241  
Atlanta, GA 30374-0241  
1-800-685-1111
  - **Experian** - www.experian.com  
P.O. Box 2104  
Allen, TX 75013-0949  
1-888-EXPERIAN (397-3742)
  - **TransUnion** - www.transunion.com  
P.O. Box 1000  
Chester, PA 19022  
1-800-916-8800
- Update everything previously filled out as a couple
- Check your long term care policy(ies). Check to see if you are you entitled to anything back. There are lots of variables, but refunds depend on the age of the deceased and whether or not the insurance was ever used



- Look at the possessions inventory you filled out as a couple. Retitle anything that needs it.
- Contact the member's local union.
- Contact the school district from which the member retired.
- Contact the member's retiree chapter.
- Contact all insurance companies and past employers to see if any benefits exist.
- Contact any financial advisor the deceased might have had.
- Well before having to deal with the passing of a spouse or significant other, consider having him/her establish credit in his/her own name.
- Check the New York State website for lost and unclaimed property to which the deceased may have been entitled: [www.osc.state.ny.us/ouf/](http://www.osc.state.ny.us/ouf/)
- Contact NYSUT Social Services for any questions: 1-800-342-9810.

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**Thanks to Ken Ulric, President of NYSUT Retiree Chapter 17 (Farmingdale Federation of Teachers Retirees) for sharing the document and allowing our edits.**

## NOTES