

**Survivors Benefit Guide for**  
**The Airline Technicians and Related Employees**  
**And**  
**Flight Simulator Technicians and Related Employees**  
**In the Service of United Airlines**  
**As Represented By**  
**The International Brotherhood of Teamsters**

**2019**

**(United Airlines IBT Local 986 and 856 members)**



## Introduction to The Survivor's Benefit Guide

Dear Brothers and Sisters,

The International Brotherhood of Teamsters Benefit committee has created this Survivor's Benefit Guide as a resource to help you plan ahead before any emergency or death occurs - whether it is yourself or a family member. Within the guide is information, checklists, benefit contacts, and worksheets to assist you in preparing the information needed to share with your spouse and family.

Please keep in mind this guide is not an official plan document, nor was it created to address every individual situation. Refer to the Collective Bargaining Agreement (CBA) and official benefit plan documents for terms and conditions that apply to your benefits. If there is any conflict between the guide and the CBA, or official benefit plan documents, the CBA and official benefit plan documents will govern. Additionally, the guide does not constitute legal, tax, investment, or other advice to any individual.

We all know that life's unexpected events happen. Our goal is that you will find this guide informative and useful, and will take some time out of your schedule to gather the necessary information so you and your family can be prepared.

Fraternally,  
International Brotherhood of Teamsters Benefit committee

Ken Meidinger International Representative, Vinny Graziano International Representative, Mike Moats CLE, Mike Brooks DEN, John Pangelinan GUAM, Moki Kim HNL, Bob Clever IAH, Dominic Fierro IAH, Audrey Scates LAX, Gary Kagel MCO, Larry Calhoun NYA, Mike Pecoraro ORD, Steve Loone SFO

## Table of Contents

Introduction to The Survivor’s Benefit Guide.....	2
What to do When a Loved One Dies.....	4
Notifying United Airlines of an Employee Death.....	10
PBG Benefits for Survivors.....	10
Medical Coverage .....	10
Health Reimbursement Account (HRA) and Retiree Health Account (RHA).....	11
Dental Insurance.....	11
Life Insurance .....	11
Pass Travel Policy.....	13
Important United Contact Information.....	14
Your Work-Related Information.....	15
Letter of Instructions.....	16
Definitions .....	29

## What to do When a Loved One Dies

A checklist that could help you cope with practical tasks during an emotional time

by Stacy Julien, June 4, 2012

When a loved one dies, you might face the overwhelming responsibility of closing out the person's life. There are many things to attend to, from providing a proper tribute to closing bank accounts to canceling a gym membership. And many of the tasks require attention to detail — adding stress to what is already a pretty emotional time.

To cope, cut yourself some slack: Don't try to handle everything yourself if you don't have to.

"This burden shouldn't be placed on one individual," says Sally Hurme, an AARP elder law attorney and author of *The ABA Checklist for Family Heirs*. "When people ask what they can do to help, take advantage of the offer. Delegate."

To do so, you need to have a full, clear picture of what needs to be done. Here's an ordered checklist to make your task easier. As you review what's in store, consider which undertakings you can hand off and who can best handle them.

### To Do Immediately

**Arrange for organ donation.** It may be the last detail you want to think about, but arrangements need to be made "almost immediately at death so the organs can be harvested as promptly as possible," Hurme says. Not certain about the person's wishes? Two sources to check: the driver's license and an advance health care directive, such as a living will or health care proxy. If the answer is "yes," the hospital where the person died will have a coordinator to guide you through the process. If your loved one died outside of a hospital — that includes in hospice or a nursing home — contact the nearest hospital. Staff will be on hand to answer questions about what's next. There is no cost.

**Contact immediate family.** Of course, you want to update key family members. Bringing them together in person, by phone or electronically (via mass email, Skype or Facebook Family page), is an opportunity not only to comfort one another but also to share information about important decisions that must be made — some of them immediately. Do any of you, for example, know of an arrangement for the funeral or other source for burial wishes?

**Follow body bequeathal instructions.** If the person made arrangements to donate his or her body to a medical school, the family must respect those wishes. An advance directive, living will or

health proxy may guide you to a particular institution. If the person hasn't made arrangements, the next of kin can donate the body, but the decision needs to be made as early as possible.

"Ultimately, people need to follow their heart, mind and gut about making these decisions," says Patrick Lynch, past president of the National Funeral Directors Association and co-owner of Lynch and Sons Funeral Directors in Michigan. "You have to know what will make your heart heal as best as it can."

**Choose a funeral home.** Most people want a funeral home to transport the body from the morgue to its facility. The deceased may have identified which home to use — and even prepaid for funeral services. If there's been no conversation about arrangements, the choice will be up to the family. "Do some research," Lynch says. "Check with people who have had an experience with one."

**Notify close friends and extended family.** Make a list of as many people as you can. Find contacts through email accounts and personal telephone books. Contact an employer and organizations the deceased belonged to, if necessary.

**Secure property.** Lock up the person's home and vehicle. Is the car parked in a secure and legal area? Will the home be vacant? If so, you may want to notify the police (dial a non-emergency number), landlord or property manager. Have someone care for pets until a permanent arrangement is made.

**Notify the post office.** Use the forward mail option. This will prevent accumulating mail from attracting attention. It can also inform you about subscriptions, creditors and other accounts that need to be canceled. "That mail that comes in will be very valuable in tracking down what you may not have thought of. It can be a treasure trove of information," Hurme says.

## **To Do Before the Funeral**

**Meet with the director handling the funeral or memorial arrangements.** Use instructions your loved one might have left and the earlier family discussion to guide the many decisions to be made.

Will the body be embalmed or cremated?

Will there be a casket, and if so, will it be open or closed?

If body will be cremated, will the ashes be scattered? If the ashes are deposited in an urn, will it be placed in a mausoleum?

Where is the burial site?

Do religious traditions need to be respected?

Will there be contributions to charities in lieu of flowers?

**For a veteran, inquire about special arrangements.** A range of benefits can help tailor a veteran's service. You may be able to get assistance with the funeral, burial plot or other benefits. You can find many details about options at the U.S. Department of Veterans Affairs website. Or call Veterans Affairs at 1-800-827-1000 or your local veterans' agency, often included in local government listings. You can also inquire about veterans survivor benefits.

**Consider whether you need or want other financial assistance for the funeral and burial.** Help might be available from a number of sources, including a church, a union or a fraternal organization that the deceased belonged to. Phone or send an email to the local group.

**Enlist help for the funeral.** Relatives and friends may be needed to serve as pallbearers, to create or design the funeral program, cook meals (for a repast gathering or simply for the household of the deceased), take care of children or pets, or shop for any items needed for the funeral or household of the deceased.

**Arrange for headstone.** You can typically purchase a headstone through the cemetery or from an outside vendor of your choice. Consult the cemetery about rules, regulations and specifications such as color and size, particularly if you go with an outside vendor.

**Organize a post-funeral gathering.** Depending on your tradition, it's called a repast or a wake. It can be held at the church, a banquet hall or someone's house. Enlist the help of friends and relatives to plan.

**Spread the word about the service.** Once a date and time have been set for the service, share the details with those on your contact list. Include an address to send cards, flowers or donations.

**Make a list of well-wishers.** Keep track of who sends cards, flowers and donations so that you can acknowledge them later.

**Prepare an obituary.** The funeral home might offer the service or you might want to write an obituary yourself. If you want to publish it in a newspaper, check on rates, deadlines and submission guidelines. Don't include such details as exact date of birth that an identity thief could use.

**Handle the ethical will, if there is one.** An ethical will isn't a legal document, but rather a letter of sorts written to your family and friends that shares your values, life lessons and hopes for the future. If the deceased left one, arrange to share it, maybe even have it printed.

## **To Do After the Funeral**

**Get duplicate death certificates.** You may need a dozen certified death records to complete upcoming tasks, though some will require less expensive copies. Your funeral director may help you handle this or you can order them from the vital statistics office in the state where the death occurred or from the city hall or other local records office. Each certified record will cost in the neighborhood of \$10 or \$20.

**Send thank-you notes.** From the contact list that you acquired earlier, send thank-you notes and acknowledgements. Consider delegating this task to a family member.

**Notify local Social Security office.** Typically, the funeral director will notify Social Security of your loved one's death. If not, call 1-800-772-1213 or contact your local office. If your loved one was receiving benefits, they must stop because overpayments will require complicated repayment. Even a payment received for the month of death may need to be returned. If the deceased has a surviving spouse or dependents, ask about their eligibility for increased personal benefits and about a one-time payment of \$255 to the survivor.

**Handle Medicare.** If your loved one received Medicare, Social Security will inform the program of the death. If the deceased had been enrolled in Medicare Prescription Drug Coverage (Part D), Medicare Advantage plan or had a Medigap policy, contact these plans at the phone numbers provided on each plan membership card to cancel the insurance.

**Look into employment benefits.** If the deceased was working, contact the employer for information about pension plan, credit unions and union death benefits. You will need a death certificate for each claim. **Note! Place a copy of your current benefits coverage details. If unknown Survivors should look at a couple months of consecutive pay advices and question each deduction.**

**Stop health insurance.** Notify the health insurance company or the deceased's employer. End coverage for the deceased, but be sure coverage for any dependents continues if needed.

**Notify life insurance companies.** If your loved one had life insurance, appropriate claim forms will need to be filed. You will need to provide the policy numbers and a death certificate. If the deceased was listed as a beneficiary on a policy, arrange to have the name removed. **The best way to ensure a policy is not missed is to review any check book balance sheets and credit card statements for payments made that might be insurance related.**

**Terminate other insurance policies.** Contact the providers. That could include homeowner's, automobile and so forth. Claim forms will require a copy of the death certificate.

**Meet with a probate attorney.** The executor should choose the attorney. Getting recommendations from family or friends might be the best approach, but an online search can also be an efficient way to find an attorney. "The advice of counsel can save a lot of frustration and running down dead ends," Hurme says. If there is a will, the executor named in it and the attorney will have the document admitted into probate court. If there isn't a will, the probate court judge will name an administrator in place of an executor. The probate process starts with an inventory of all assets (personal property, bank accounts, house, car, brokerage account, personal property, furniture, jewelry, etc.), which will need to be filed in the probate court.

**Make a list of important bills (mortgage payments) making special note of those that are auto pay.** Share the list with the executor or estate administrator so that bills can be paid promptly.

**Contact financial advisers, stockbrokers, etc.** Determine the beneficiary listed on these accounts. Depending on the type of asset, the beneficiary may get access to the account or benefit by simply filling out appropriate forms and providing a copy of the death certificate. If that's the case, the executor wouldn't need to be involved. If there are complications, the executor could be called upon to help out.

**Notify mortgage companies and banks.** It helps if your loved one left a list of accounts, including online passwords, Hurme says. Otherwise, take a death certificate to the bank for assistance. Change ownership of joint bank accounts. Did the deceased have a safe deposit box? If a password or key isn't available, the executor would most likely need a court order to open and inventory the safe deposit box. Most probate courts have administrative rules about steps to access the box of any decedent.

**Close credit card accounts.** For each account, call the customer service phone number on the credit card, monthly statement or issuer's website. Let the agent know that you would like to close the account of a deceased relative. Upon request, submit a copy of the death certificate by fax or email. If that's not possible, send the document by registered mail with return receipt requested. Once the company receives the certificate, it will close the account as of the date of death. If an agent doesn't offer to waive interest or fees after that date, be sure to ask. Keep records of the accounts you close and notify the executor of the estate about outstanding debts. **Note! Look for any reoccurring automatic payments such as security, electric, phone, etc., these will have to be redirected to continue service or discontinued.**

**Notify credit reporting agencies.** To minimize the chance of identity theft, provide copies of the death certificate to the three major firms, Equifax, Experian and TransUnion, as soon as possible so the account is flagged. Four to six weeks later, check the deceased's credit history to ensure no fraudulent accounts have been opened.

**Cancel driver's license.** Clearing the driver's license record will remove the deceased's name from the records of the department of motor vehicles and help prevent identity theft. Contact the state department of motor vehicle for exact instructions. You may have to visit a customer-service center or mail documentation. Either way, you'll need a copy of the death certificate.

**Cancel email and website accounts.** It's a good idea to close social media and other online accounts to avoid fraud or identity theft. The procedures for each website will vary. For instance, Google Mail (Gmail) will ask you to provide a death certificate, a photocopy of your driver's license and other detailed information.

**Cancel memberships in organizations.** Reach out to sororities, fraternities, professional organizations, etc., the deceased belonged to and find out how to handle his/her membership status. Greek organizations may want to hold a special ceremony for your loved one.

**Contact a tax preparer.** A return will need to be filed for the individual, as well as for an estate return. Keep monthly bank statements on all individual and joint accounts that show the account balance on the day of death.

**Notify the election board.** According to a 2012 Pew Center report, almost 2 million people on voter registration rolls are dead.

## **Notifying United Airlines of an Employee Death**

### **For an active employee:**

If you die as an active employee, a friend or family member should notify your department. Your supervisor will work with the Benefits Department (1-800-651-1007/1-877-825-3729) to ensure that any benefits you qualify for are activated.

### **For a retiree:**

The company must be contacted when a retiree or retiree's spouse / domestic partner dies. You or your survivor may report the death to the Retiree Service center at 1-800-651-1007/1-877-825-3729. They will notify United and the survivor of any benefits that may apply.

### **PBGC Benefits for Survivors**

Contact PBGC at 1 800-400-7242 or go to [www.PBGC.gov](http://www.PBGC.gov) plan number 19922400

Contact Benefits Service Center for CARP at 1-800-651-1007

Guam based employees contact Western Conference Plan <http://www.wctpension.org>

Or call (800) 336-3387

### **Medical Coverage**

#### **Active Employee Death:**

The Employee's Dependents enrolled in any Company provided Medical coverage option on the date of the employee's death will be "Survivors" entitled to continue coverage in accordance with the terms of the applicable plan document, provided that if the employee has less than 10 years of service, the period of continued coverage will be limited to three (3) months (Exclusive of COBRA). If your spouse was not covered by UAL insurance at the time of death, contact UAL Benefits at 1-800-651-1007 for more information on receiving coverage.

**NOTE: Current rates for medical coverage may be obtained through the Benefits Service Center by calling 1-800-651-1007**

#### **Retired Employee Death:**

Company Subsidized Medical benefits for eligible dependents of a **deceased retiree** will continue, provided that the deceased retiree elected the medical benefits coverage at retirement and premiums associated with these medical plans continue to be paid. This continuation applies to the Pre and Post Medicare Medical Plans that were offered according to the Collective Bargaining Agreement (CBA) that the retiree was under at the time of retirement. If the Retiree was participating in the Retiree Bridge medical Plan, the Spouse and Dependents may elect to use any remaining sick leave at 11 hours per month and then will be eligible for COBRA coverage. The Coverage will cease during this period if the widow/er or Domestic Partner remarries, is employed by the Company, is eligible for Medicare or moves out of the U.S. or Canada.

Please refer to your Summary Plan Description for an explanation of the benefits provided by the PPO or HMO Medical plans.

## **Health Reimbursement Account (HRA) and Retiree Health Account (RHA)**

The remaining funds in the deceased Employee or Retiree's HRA and RHA can be paid to the eligible spouse and dependents as determined in accordance with section 152 of the Internal Revenue Code (that is, they must qualify as tax dependents under IRS rules). Call the Benefits Service Center at 1-800-651-1007 for more information.

## **Dental Insurance**

### **For an active employee:**

Dental benefits for the surviving dependents of a deceased **active employee** continue for a 90-day period at the same cost as an active employee. After this period, your spouse / domestic partner and eligible dependents may continue their coverage for an additional 33 months by paying the full cost of coverage, plus a fee equal to 2% of the premium, to cover administrative costs of the plan.

This continuation of coverage is called "COBRA". It applies to the Traditional Dental Benefits Plan or the Pre-paid Dental Plan – whichever you were enrolled in as an active employee. Current rates for the coverage may be obtained through the Benefits Service Center by calling 1-800-651-1007.

Please refer to your Summary Plan Description for an explanation of the benefits provided by these Dental Plans. If you have a question about Cigna Dental, you can call 1 800 564 7642

### **For a retiree:**

An employee and their family may purchase an extension dental plan from COBRA within 90 days from the date of the employee's retirement. The company will provide access to promote and distribute an independent dental plan for retirees and their spouses / domestic partner. United does not distribute and they do not sponsor the plan.

## **Life Insurance**

### **For an active employee:**

The beneficiary of an employee who died while on active status will receive up to a maximum of one (1) times their annual base pay of company paid Life insurance. Employees may have purchased additional Group Universal Life, Personal Accident, Term Life or Cancer policies. Such a policy is voluntary and paid for by the employee through payroll deductions. If the employee had Contributory Life Insurance Part I, an additional \$30,000.00 would be payable. If the employee had Contributory Life Insurance Parts I & II, an additional \$40,000.00 would be payable, for a total of \$70,000.00. You may convert the employee's life insurance within 31 days of the employee's retirement. (This policy is very expensive). Please call The Employee Service Center (ESC) at 1-877-825-3729 for your information.

### **For a retiree:**

If an employee meets the eligibility requirements, he or she **may** have a Retired Employees Group Life Insurance Policy of up to \$10,000.00 provided by the company at no cost to the employee. The employee's named beneficiary is entitled to this benefit. Only for Employees that retired prior

to Dec 5, 2017. An employee has a 31-day election period from the date of retirement in which to convert all or part of his or her company paid and contributory life insurance policy. The amount of the policy to be converted is reduced by the amount of the retiree life insurance for which the employee is eligible. Eligible dependent's coverage may be converted as well. Surviving dependents of retirees are extended life insurance benefits if a policy was converted for them or if they are named as a beneficiary on the retiree's individual policy

**For United Airlines Tech Ops Employees:**

You have 60 days to change your coverage after your family member's death.

In the event of a Technician, Flight Simulator Technician or Related employees' death, under the current collectively bargained agreement, dependents enrolled in United medical on the date of your death will be entitled to continue coverage at the active employee rate for the spouse/qualified domestic partner until Medicare eligible age or remarriage and for children until age 26. Employees with less than 10 years of service at the time of their death the continued coverage will be limited to three months (exclusive of COBRA). Dental coverage is continued for 3 months at the active employee rate.

If you die after receiving (or were eligible to receive) Long Term Disability (LTD) benefits, a benefit equal to three times your monthly LTD benefit amount will be paid in a lump sum to your survivor. If you die before you were eligible to receive a full month of LTD benefits, a benefit equal to three times your monthly LTD benefit amount, not reduced by any other income benefits, will be paid in a lump sum to your survivor. Your survivor is your spouse or your qualified domestic partner, or if you have no spouse or QDP, your child or children under age 25. If you have no survivors, this benefit will be paid to your estate.

United Airlines will ship at no cost, human remains of retirees (only), employees, an employee's spouse/registered domestic partner, pass-eligible dependents, siblings, parents, grandparents, grandchildren, spouse's/registered domestic partner's parents, and any dependents living in the same household. Any employee or spouse/registered domestic partner may transport the human remains of an eligible deceased person on United flights. Use of this service requires coordination by a funeral home. For more information regarding the use of this service, contact the TrustUA Desk at 1-855-822-2737.

**Benefits Summary Plan Descriptions:**

There are Summary Plan Descriptions of your Retirement plan, your Medical, Dental, Vision, Flex Spending Account, Long Term Disability, Life and Personal Accident Insurance Benefits. These are simplified descriptions of the major features of certain health and welfare plans.

To access this information, log onto Flying Together and select the "Benefits" tab under "My tools" or select "Employee Services" and then select the "click here" link under the

Benefits tab. This will take you into your Benefits Resources page, select Health & Insurance followed by Coverage Details and then Plan Information.

## **Pass Travel Policy**

### **Of an Active / Retired employee:**

The surviving spouse / domestic partner and eligible dependents continue to receive the same travel benefits on United that they received prior to the death of the active employee or retiree. However, Buddy passes are not extended to the surviving spouses / domestic partners of active or retired employees. Interline reduced fare benefits are not provided except for United Express flights. To learn more about pass travel, visit;  
[www.flyingtogether.ual.com](http://www.flyingtogether.ual.com) : **1-877- 825 -3729**

### **Important Notes:**

All travel benefits are discontinued for the spouse and dependents if the spouse remarries.

United's Survivor Pass Travel Policy provides eligible pass riders, listed on the employee's travel profile, with space-available leisure pass travel privileges on United and United Express flights in the event of the employee's death during his or her employment with United, both in the line of duty and not in the line of duty. These travel privileges are provided when the deceased employee does not meet retiree pass travel requirements. If they meet retiree pass travel requirements, eligible survivors receive travel privileges as outlined in the Survivor Pass Travel chart as well as in the Retiree Pass Travel Program in the Travel section on Flying Together.

Employment status must be active full-time, active part-time or company-approved leave at the time of death.

The definition of "in the line of duty" is an employee who passes away as a result of personal injury sustained while in the performance of his or her job, or while away on approved company business travel outside of the employee's work location or domicile.

There is additional information on Pass Travel through the Flying Together website under the Travel section – pass travel policies & programs.

**On behalf of Your Benefits Committee, please accept our deepest condolences during this difficult time. We hope that this guide provides assistance to you and your family.**

## Important United Contact Information

- UAL Benefits: 1-877-825-3729 or 1-800-651-1007
- Pension (CARP): 1-800-651-1007
- Western Conference Plan <http://www.wctpension.org/> (800) 336-3387
- PBGC: 1-800-400-7242 or [www.PBGC.gov](http://www.PBGC.gov). The UAL plan number is 19922400
- Veterans Administration: 1-800-827-1000 or [www.va.gov](http://www.va.gov) for survivor benefits.
- Pass travel: 1-877-825-3729 or [www.flyingtogether.ual.com](http://www.flyingtogether.ual.com)
- Life, Personal Accident, and Term Life Insurance

Company Provided Life - You	Securian	1-800-651-1007
Voluntary Term Life – You, Child, Spouse	Securian	1-800-651-1007
Company Provided PAI – You, Child, Spouse	AIG Benefit Solutions	1-888-220-2838
Voluntary PAI – You, Child, Spouse	AIG Benefit Solutions	1-888-220-2838
Long-Term Disability	Prudential	1-800-842-1718

- Member Assistance Program:

**CALEB GOOD**

*Chairman*

Eastern Region Coordinator  
ATL BOS CHS CLE EWR  
IAD LGA ORD PHL  
(630) 485-0227 Cell

**STEVE CRUMMEY**

*Western Region Coordinator*

GUM HNL LAS LAX KOA LIH  
OGG PDX SAN SEA SFO SNA  
(650) 745-5867 Cell

**STEVE LOONE**

*Western Region Coordinator*

GUM HNL LAS LAX KOA LIH  
OGG PDX SAN SEA SFO SNA  
(650) 745-5864 Cell

**MIKE BROOKS**

*Central Region Coordinator*

DEN PHX MIA MCO TPA FLL  
(303) 335-6540 Cell

**DOMINIC FIERO**

IAH HOU AUS DFW MSY SAT  
(832) 443-6599

**Your Work-Related Information**

UAL employee file number: \_\_\_\_\_

Present / last Company address code: \_\_\_\_\_

Present / last Supervisor: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Present / last Manager: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Office secretary: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Other employer(s)

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Letter of Instructions

A letter of instructions is an informal document that benefits both you and your survivors by providing specific, detailed information necessary for making your funeral arrangements and settling your affairs according to your wishes. It should not, however, be regarded as a substitute for your will, but rather as a supplement to your will. Like all estate planning documents, it should be reviewed and updated periodically.

### First things to do

1. Make arrangements with the funeral home. (See the “Cemetery and Funeral” section)
2. Notify the following relatives and acquaintances:

_____	Telephone: _____

3. For care of pet(s) call:

_____	Telephone: _____

4. Call Lawyer:

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

5. Notify employer (if applicable):

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

6. Provide the following newspapers with obituary information (See “Obituary Information” section)

_____	Telephone: _____
_____	Telephone: _____
_____	Telephone: _____

7. Request at least 10 copies of the death certificate. (usually the funeral director will obtain them)
8. Process insurance policies. (See “Life Insurance” section)
9. Contact the Social Security office (See “Social Security” section)

10. Notify the bank that holds the home mortgage. (See the "House/ Condominium" section)

11. Notify the following organizations:

_____	Telephone: _____

## Cemetery and Funeral

### Funeral Home

1. Name of Funeral Home: \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Prearrangements have been made:     Yes     No  
     If yes, documentation is located: \_\_\_\_\_

### Information for the Funeral Director

This list should be brought to the funeral home, along with the cemetery deed, if possible.

1. Full name: \_\_\_\_\_
2. Residence: \_\_\_\_\_ Since: \_\_\_\_\_
3. Date of birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_
4. Father's name: \_\_\_\_\_ Birthplace: \_\_\_\_\_
5. Mother's maiden name: \_\_\_\_\_ Birthplace: \_\_\_\_\_
6. Length of residence in state: \_\_\_\_\_ In United States: \_\_\_\_\_
7. Military record: \_\_\_\_\_
8. Social Security number: \_\_\_\_\_
9. Marital status: \_\_\_\_\_ Spouse's name: \_\_\_\_\_
10. Life insurance:  
     Insurer: \_\_\_\_\_  
     Policy number: \_\_\_\_\_

### Cemetery Plot

1. Location: \_\_\_\_\_
2. Date purchased: \_\_\_\_\_
3. Deed number: \_\_\_\_\_
4. Location of deed: \_\_\_\_\_
5. Other information (e.g., perpetual care, headstone): \_\_\_\_\_  
 \_\_\_\_\_

## Obituary Information

1. School(s): \_\_\_\_\_ Dates: \_\_\_\_\_ Degree(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Employment: \_\_\_\_\_
3. Length of time at current residence: \_\_\_\_\_
4. Special honors/awards: \_\_\_\_\_  
\_\_\_\_\_
5. Community activities: \_\_\_\_\_  
\_\_\_\_\_
6. Professional memberships: \_\_\_\_\_  
\_\_\_\_\_
7. Other memberships: \_\_\_\_\_  
\_\_\_\_\_
8. Volunteer activities: \_\_\_\_\_  
\_\_\_\_\_
9. Other information: \_\_\_\_\_  
\_\_\_\_\_

## Funeral Preferences

1. The following service(s)
  - Funeral (before disposition) Church: \_\_\_\_\_
  - Memorial (after disposition) Place: \_\_\_\_\_
  - Graveside Cemetery: \_\_\_\_\_
  - Mortuary Name: \_\_\_\_\_
  - Other: \_\_\_\_\_
2. Service preferences:
  - Eulogy  Yes  No
  - Omit flowers  Yes  No
  - Readings: \_\_\_\_\_
  - Music: \_\_\_\_\_
  - Other preferences: \_\_\_\_\_  
\_\_\_\_\_
3. Simple arrangements:
  - No embalming
  - No public viewing
  - The least expensive burial or cremation container
  - Immediate disposition

4. Remains should be:
- Interred Cemetery: \_\_\_\_\_
  - Cremated and the ashes
    - Scattered Place: \_\_\_\_\_
    - Buried Place: \_\_\_\_\_
  - Donated: Arrangements made on \_\_\_\_\_ with \_\_\_\_\_  
Documentation located: \_\_\_\_\_
  - Disposed of as follows: \_\_\_\_\_  
\_\_\_\_\_
5. Memorial gift to: \_\_\_\_\_
6. Autopsy if doctor or family requests:  Yes  No
7. Donate these organs: \_\_\_\_\_  
Location of donor card: \_\_\_\_\_

### Special Wishes

---



---



---



---



---



---

### Banking and Finance

#### Checking Account(s)

1. Bank name and address: \_\_\_\_\_  
 Name(s) on account: \_\_\_\_\_  
 Account number: \_\_\_\_\_  
 Type of account: \_\_\_\_\_  
 Location of check book: \_\_\_\_\_  
 Bank website and login information (user name, password): \_\_\_\_\_  
 \_\_\_\_\_
  
2. Bank name and address: \_\_\_\_\_  
 Name(s) on account: \_\_\_\_\_  
 Account number: \_\_\_\_\_  
 Type of account: \_\_\_\_\_  
 Location of check book: \_\_\_\_\_  
 Bank website and login information (user name, password): \_\_\_\_\_  
 \_\_\_\_\_

## Savings Account(s)

1. Bank name and address: \_\_\_\_\_  
Name(s) on account: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Location of check book: \_\_\_\_\_  
Bank website and login information (user name, password): \_\_\_\_\_  
\_\_\_\_\_
2. Bank name and address: \_\_\_\_\_  
Name(s) on account: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Location of check book: \_\_\_\_\_  
Bank website and login information (user name, password): \_\_\_\_\_  
\_\_\_\_\_

## Loans Outstanding

Provide the following information for each loan other than mortgage(s):

1. Bank name and address: \_\_\_\_\_
2. Name on loan: \_\_\_\_\_
3. Monthly payment: \_\_\_\_\_
4. Account number: \_\_\_\_\_
5. Location of papers and payment book (if any): \_\_\_\_\_
6. Collateral (if any): \_\_\_\_\_
7. Is there life insurance on the loan?  Yes  No

## Debts Owed to the Estate

1. Debtor: \_\_\_\_\_
2. Description: \_\_\_\_\_
3. Terms: \_\_\_\_\_
4. Balance: \_\_\_\_\_
5. Location of documents: \_\_\_\_\_
6. Comments on loan status/discharge: \_\_\_\_\_

## Bank Credit Cards

All credit cards in the deceased's name should be canceled or converted to the survivor's name. Provide the following information for each card.

1. Bank: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name on card: \_\_\_\_\_ Account number: \_\_\_\_\_  
Location of card: \_\_\_\_\_

2. Bank: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name on card: \_\_\_\_\_ Account number: \_\_\_\_\_  
Location of card: \_\_\_\_\_
3. Bank: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name on card: \_\_\_\_\_ Account number: \_\_\_\_\_  
Location of card: \_\_\_\_\_
4. Bank: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name on card: \_\_\_\_\_ Account number: \_\_\_\_\_  
Location of card: \_\_\_\_\_

### **Store Credit Cards**

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name on card: \_\_\_\_\_ Account number: \_\_\_\_\_  
Location of card: \_\_\_\_\_
2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name on card: \_\_\_\_\_ Account number: \_\_\_\_\_  
Location of card: \_\_\_\_\_
3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name on card: \_\_\_\_\_ Account number: \_\_\_\_\_  
Location of card: \_\_\_\_\_

### **Other Credit Cards**

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name on card: \_\_\_\_\_ Account number: \_\_\_\_\_  
Location of card: \_\_\_\_\_
2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name on card: \_\_\_\_\_ Account number: \_\_\_\_\_  
Location of card: \_\_\_\_\_
3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name on card: \_\_\_\_\_ Account number: \_\_\_\_\_  
Location of card: \_\_\_\_\_

## Investments

Provide the following information. (attach a separate sheet if necessary)

### Stocks

Company: \_\_\_\_\_  
Name on Certificate: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Certificate number(s) \_\_\_\_\_  
Purchase price and date: \_\_\_\_\_

Company: \_\_\_\_\_  
Name on Certificate: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Certificate number(s) \_\_\_\_\_  
Purchase price and date: \_\_\_\_\_

Company: \_\_\_\_\_  
Name on Certificate: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Certificate number(s) \_\_\_\_\_  
Purchase price and date: \_\_\_\_\_

Company: \_\_\_\_\_  
Name on Certificate: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Certificate number(s) \_\_\_\_\_  
Purchase price and date: \_\_\_\_\_

### Bonds, CD's, and Other Interest-Earning Securities

Issuer: \_\_\_\_\_  
Issued to: \_\_\_\_\_  
Face amount: \_\_\_\_\_  
Bond number \_\_\_\_\_  
Purchase price and date: \_\_\_\_\_  
Maturity date: \_\_\_\_\_  
Location of certificate: \_\_\_\_\_

Issuer: \_\_\_\_\_  
Issued to: \_\_\_\_\_  
Face amount: \_\_\_\_\_  
Bond number \_\_\_\_\_  
Purchase price and date: \_\_\_\_\_  
Maturity date: \_\_\_\_\_  
Location of certificate: \_\_\_\_\_

### Mutual Funds

Company: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Number of shares \_\_\_\_\_  
Location of certificate: \_\_\_\_\_

Company: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Number of shares \_\_\_\_\_  
Location of certificate: \_\_\_\_\_

### Other Investments

For each investment, list amount invested, maturity date, and other applicable data.

---

---

---

## Expected Death Benefits

1. From employer (if applicable):

Person to contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

- Life insurance: \$ \_\_\_\_\_
- Profit Sharing: \$ \_\_\_\_\_
- Pension plan: \$ \_\_\_\_\_
- Accident insurance: \$ \_\_\_\_\_
- Other benefits: \_\_\_\_\_

Documents located: \_\_\_\_\_

2. From insurance companies (total amount) \$ \_\_\_\_\_
3. From Social Security (lump sum + monthly benefits) \$ \_\_\_\_\_
4. From the Veterans Administration (amount) \$ \_\_\_\_\_
5. From other sources: \_\_\_\_\_

## Insurance

### Life Insurance

To collect benefits, a copy of the death certificate must be sent to each insurance company. Provide the following information for each policy.

Policy Number: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Location of policy: \_\_\_\_\_  
Whose life is insured: \_\_\_\_\_  
Insurer's name and address: \_\_\_\_\_

Policy Number: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Location of policy: \_\_\_\_\_  
Whose life is insured: \_\_\_\_\_  
Insurer's name and address: \_\_\_\_\_

Kind of policy: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

Kind of policy: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

Issue date: \_\_\_\_\_  
How paid out: \_\_\_\_\_  
Other payout options: \_\_\_\_\_  
Other special facts: \_\_\_\_\_

Issue date: \_\_\_\_\_  
How paid out: \_\_\_\_\_  
Other payout options: \_\_\_\_\_  
Other special facts: \_\_\_\_\_

Veteran's insurance: \$ \_\_\_\_\_. Local Veteran's Administration telephone \_\_\_\_\_

### Homeowner's/Renter's

1. Coverage: \_\_\_\_\_
2. Insurer's name and address: \_\_\_\_\_
3. Policy number: \_\_\_\_\_
4. Location of policy: \_\_\_\_\_
5. Term (when to renew): \_\_\_\_\_

6. Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Automobile

1. Coverage: \_\_\_\_\_
2. Insurer's name and address: \_\_\_\_\_  
\_\_\_\_\_
3. Policy number: \_\_\_\_\_
4. Location of policy: \_\_\_\_\_
5. Term (when to renew): \_\_\_\_\_
6. Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Medical

1. Coverage: \_\_\_\_\_
2. Insurer's name and address: \_\_\_\_\_  
\_\_\_\_\_
3. Policy number: \_\_\_\_\_
4. Location of policy: \_\_\_\_\_
5. Term (when to renew): \_\_\_\_\_
6. Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Other Insurance

1. Coverage: \_\_\_\_\_
2. Insurer's name and address: \_\_\_\_\_  
\_\_\_\_\_
3. Policy number: \_\_\_\_\_
4. Location of policy: \_\_\_\_\_
5. Term (when to renew): \_\_\_\_\_
6. Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Social Security

1. Name: \_\_\_\_\_
2. Social Security number: \_\_\_\_\_
3. Location of Social Security card: \_\_\_\_\_  
\*\* File a claim immediately to avoid the possibility of losing any benefit checks. Call the Social Security Administration office for an appointment and follow their instructions as to what to bring. Social Security Administration telephone: \_\_\_\_\_
4. Expect a lump sum of about \$\_\_\_\_\_, plus continuing benefits for children under age 18, or full-time students until age 22. A spouse may receive benefits until children reach age 18, between ages 50 and 60 if disabled, or if over 60.

## Estate Planning Documents

### Location of Personal Papers

1. Last will and testament: \_\_\_\_\_  
Prepared by (attorney or firm): \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Birth certificate: \_\_\_\_\_
3. School diplomas: \_\_\_\_\_
4. Marriage certificate: \_\_\_\_\_
5. Military records: \_\_\_\_\_
6. Naturalization papers: \_\_\_\_\_
7. Other (e.g., adoption, divorce): \_\_\_\_\_  
\_\_\_\_\_

### Safe-Deposit Box

Note: In the event of death of a safe-deposit box owner, state law may require the bank to seal the deceased's box as soon as notified of the death, even if the box is jointly owned.

1. Bank name and address: \_\_\_\_\_
2. In whose name: \_\_\_\_\_
3. Location of key: \_\_\_\_\_
4. Box number: \_\_\_\_\_
5. List of contents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Post Office Box

1. Address: \_\_\_\_\_
2. Owner(s): \_\_\_\_\_
3. Box Number: \_\_\_\_\_
4. Location of key or combination: \_\_\_\_\_

### Income Tax Returns

1. Location of all previous returns (federal, state, local): \_\_\_\_\_
2. Tax preparer's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Doctor's Names and Address

1. Physician's name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Physician's name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Physician's name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
4. Dentist's name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## House / Condominium

### Ownership Information

1. Form of ownership: \_\_\_\_\_
2. In whose name: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Lot: \_\_\_\_\_ Block: \_\_\_\_\_ On map called: \_\_\_\_\_
5. Lawyer at closing: \_\_\_\_\_ Telephone: \_\_\_\_\_
6. Location of statement of closing, title insurance, deed, land survey, etc.:  
\_\_\_\_\_
7. Mortgage:
  - a. Held by: \_\_\_\_\_
  - b. Amount of original mortgage: \$ \_\_\_\_\_
  - c. Date taken out: \_\_\_\_\_
  - d. Amount owed now: \$ \_\_\_\_\_
  - e. Method of payment: \_\_\_\_\_
  - f. Location of payment statements: \_\_\_\_\_
  - g. Is there life insurance on mortgage?  Yes  No  
If yes, policy number: \_\_\_\_\_  
Location of policy: \_\_\_\_\_  
Annual amount: \$ \_\_\_\_\_
8. House taxes:
  - a. Amount: \$ \_\_\_\_\_
  - b. Location of receipts: \_\_\_\_\_
9. Cost of house:
  - a. Initial buying price: \_\_\_\_\_
  - b. Purchase closing fee: \_\_\_\_\_
  - c. Other costs (real estate agent, local taxes):  
\_\_\_\_\_
10. If renting, is there a lease?  Yes  No
  - a. Lease location: \_\_\_\_\_
  - b. Expiration date: \_\_\_\_\_

### Utilities

Gas: _____	Account #: _____	Telephone: _____
Electric: _____	Account #: _____	Telephone: _____
Telephone: _____	Account #: _____	Telephone: _____
Cellphone: _____	Account #: _____	Telephone: _____
Cable: _____	Account #: _____	Telephone: _____
Internet: _____	Account #: _____	Telephone: _____

**Periodicals**

Newspapers:

\_\_\_\_\_  
Account # \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_  
Account # \_\_\_\_\_ Telephone: \_\_\_\_\_

Magazines

\_\_\_\_\_  
Account # \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_  
Account # \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_  
Account # \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_  
Account # \_\_\_\_\_ Telephone: \_\_\_\_\_

**Other Accounts to Cancel**

\_\_\_\_\_  
Account # \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_  
Account # \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_  
Account # \_\_\_\_\_ Telephone: \_\_\_\_\_

**Important Warranties and Receipts**

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

**Vehicle(s)**

Provide the following for each type of vehicle (e.g., car, RV, boat, ATV):

Vehicle #1:

Year, make, and model: \_\_\_\_\_  
VIN number: \_\_\_\_\_  
Title in name(s) of: \_\_\_\_\_  
Location of papers (e.g., title, registration): \_\_\_\_\_

Vehicle #2:

Year, make, and model: \_\_\_\_\_  
VIN number: \_\_\_\_\_  
Title in name(s) of: \_\_\_\_\_  
Location of papers (e.g., title, registration): \_\_\_\_\_

Vehicle #3:

Year, make, and model: \_\_\_\_\_  
VIN number: \_\_\_\_\_  
Title in name(s) of: \_\_\_\_\_  
Location of papers (e.g., title, registration): \_\_\_\_\_

Vehicle #4:  
Year, make, and model: \_\_\_\_\_  
VIN number: \_\_\_\_\_  
Title in name(s) of: \_\_\_\_\_  
Location of papers (e.g., title, registration): \_\_\_\_\_

**Mementos and Personal Effects**

The following mementos and personal effects should be given to the person(s) named below:

Item	Person
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

## Definitions

**Will:** A will or Testament is a legal document by which a person, the testator, expresses their wishes as to how their property is to be distributed at death, and names one or more persons, the executor, to manage the estate until its final distribution.

**Living Will:** An Advanced healthcare directive, also known as living will, personal directive, advance directive, medical directive or advanced decision, is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity.

**Power of Attorney:** A power of attorney (POA) or letter of attorney is a written authorization to represent or act on another's behalf in private affairs, business, or some other legal matter, sometimes against the wishes of the other.

**Medical Power of Attorney:** It is a document, signed by a competent adult, I.e., "principal," designating a person who the principal trusts to make health care decisions on the principal's behalf should the principal be unable to make such decisions.

**Executor:** An executor is a legal term referring to a person named by the maker of a will or nominated by the testator to carry out the instructions of the will.

**Testator:** A testator is a person who has written and executed a last will and testament that is in effect at the time of their death.

**Ethical Will:** An ethical will is a document designed to pass ethical values from one generation to the next.

**Trust:** A living trust provides lifetime and after-death property management. If you are serving as your own trustee, the trust instrument will provide for a successor upon your death or incapacity. Court intervention is not required. Living trusts also are used to manage property. If a person is disabled by accident or illness, the successor trustee can manage the trust property. As a result, the expense, publicity, and inconvenience of court-supervised distribution of your estate can be avoided.

**Probate:** Probate is defined as the official legal process of proving that a will is valid and of distributing the property and carrying out the actions as directed by the will. When someone writes a will and then dies, and the will is verified and confirmed in court, the process of confirming it is an example of probate.