

NORTHERN KENTUCKY FIREFIGHTER'S ASSOCIATION

ORGANIZATIONAL ASSISTANCE FOR FAMILY

If your spouse or significant other suddenly had to run your affairs, what have you done to prepare them? The following information is to help you plan your affairs and assist your survivors in case of serious injury or death.

Action for Survivors

Some of the following information is based upon the assumption that the firefighter is survived by a spouse or significant other. Some of the information can only apply if property is in joint tenancy or joint accounts.

Survivors should:

1. Discontinue use of joint checking accounts and all credit cards. Open a new checking account and obtain new credit cards.
2. Obtain articles from several different newspapers about the incident. Some insurance companies and other benefit administrators may require them. Out-of-State friends or family may request them.
3. Contact lending institutions about all outstanding debts, contracts and/or loans. There may be a requirement or an option that insurance company payments go to pay the remaining debt.
4. Have your attorney carefully review previous (cancelled) life insurance policies. Some benefits may still be available.
5. Most insurance companies, and other benefit organizations, may require certified supporting documents for verification of claim. These documents carry either a raised seal or an official stamp/seal. They can be obtained from the county recorder's office of the county in which the event occurred.

Be prepared:

1. Have an up-to-date will prepared by an attorney. You may also wish to consider having a trust established. Attorney fees for such documents are often inexpensive, but are worth while investments, especially in cases where both parents die, leaving dependent children.
2. Maintain all of your insurance and important papers in one central location. Make sure the location is known by at least two (2) people.
3. Some insurance companies require your beneficiaries to submit a copy of the policy with the claim. If the policy has been lost or misplaced, contact the insurance company now and submit a Notice of Lost Policy. If not done a head of time, it may take eight (8) weeks or more to receive benefits.
4. Consider registering all property (house, cars, etc.) and bank accounts in joint tenancy. This procedure makes it easier to allow later transfers to a second party.
5. Since delays in payments in death claims are normally experienced, you should have

a readily-accessible sum of money equivalent to at least two (2) months' net salary. Banking institutions or savings and loans may be willing to loan money on insurance policies, or insurance companies may advance part of insurance claims immediately.

6. Make sure your current insurance policies and other potential benefit plans have the correct names as beneficiaries.
7. Obtain a minimum of **TWELVE (12) certified** copies of your, your spouse's and children's birth certificates; marriage license(s) and divorce decree(s); and other vital documents and keep them in a secure location. Many insurance companies, and other agencies/organizations providing benefits, may require these documents and it will be easier and quicker if they are already in your possession.
8. Complete the following form for those items which pertain to you. As you do so, make certain that each of your beneficiary designations is up-to-date. Keep this completed packet in a location known to your family. Should an unfortunate incident occur, your family and loved ones will likely be grateful that you have completed this information. You should review and revise this information on a regular basis.

Note: A Benefits Liaison Officer will assist you and/or your family in filing benefits claims, if needed.

FAMILY INFORMATION PACKET

This informational packet is for **your use only**. Do not place it in the Department contact envelope. These forms will provide you space to organize pertinent information about your family affairs and make it easier on your family to locate any important information that they may need if something should happen to you.

PERSONAL INFORMATION

Social Security number: _____ Where is the card kept: _____

Location of birth/marriage certificates: _____

Drivers License number: _____ State: _____

BANK ACCOUNT INFORMATION

Checking account (s): Yes _____ No _____

Bank name: _____ Phone No.: _____

Address: _____ Account number: _____

Signatures on account: _____

Location of checkbook/blank & cancelled checks/statements: _____

Bank name: _____ Phone No.: _____

Address: _____ Account number: _____

Signatures on account: _____

Location of checkbook/blank & cancelled checks/statements: _____

Savings account (s): Yes _____ No _____

Bank name: _____ Phone No.: _____

Address: _____ Account number: _____

Signatures on account: _____

Location of statements or deposit book? _____

Bank name: _____ Phone No.: _____

Address: _____ Account number: _____

Signatures on account: _____

Location of statements or deposit book? _____

Do you have a safe deposit box? _____ Bank name: _____

Address: _____ Phone No.: _____

Location of key: _____ Box number: _____ Yearly fee: _____

INSURANCE INFORMATION

AUTO

Name of insurance company: _____

Policy number: _____ Deductible amount: _____

Insurance agent's name: _____ Phone number: _____

Address: _____

Claims phone number: _____

Location of policy papers? _____

HEALTH

Primary

Name of insurance company: _____

Policy number: _____ Group number: _____

Phone number: _____ Claims phone number: _____

Prescription plan: _____ Co-pay amount: _____ Referral needed: _____

Location of policy papers? _____

Secondary

Name of insurance company: _____

Policy number: _____ Group number: _____

Phone number: _____ Claims phone number: _____

Prescription plan: _____ Co-pay amount: _____ Referral needed: _____

Location of policy papers? _____

DISABILITY

Do you have disability insurance? _____ If so, name of provider: _____

Policy number: _____ Agents name: _____

Phone number: _____ Papers are kept where? _____

Amount of disability insurance/monthly payments you would receive: _____

How much are your premiums? _____ When are they due? _____

How long before you can receive payments? _____

How long will payments last? _____

INSURANCE INFORMATION

HOMEOWNERS

Name of insurance company: _____

Policy number: _____ Agents name: _____

Address: _____

Phone number: _____ Claims phone number: _____

Deductible: _____ Papers are kept where? _____

LIFE

Do you have Life Insurance? _____

Name of insurance company: _____

Agents' name: _____ Phone number: _____

Address: _____

Policy number: _____ Amount of policy: _____

Please list the order of Beneficiaries of policy: 1st _____

2nd _____ 3rd _____

4th _____ 5th _____

Papers are kept where? _____

Name of insurance company: _____

Agents' name: _____ Phone number: _____

Address: _____

Policy number: _____ Amount of policy: _____

Please list the order of Beneficiaries of policy: 1st _____

2nd _____ 3rd _____

4th _____ 5th _____

Papers are kept where? _____

Do you have Deferred Comp Universal Life insurance? _____ Amount of policy? _____

Please list the order of Beneficiaries of policy: 1st _____

2nd _____ 3rd _____

4th _____ 5th _____

Papers are kept where? _____

GENERAL FINANCIAL INFORMATION

REAL ESTATE

Do you own your home or condo? _____ If yes, is there a mortgage on it? _____

Name of mortgage holder: _____ Phone number: _____

Loan number: _____ Mortgage will be paid off when? _____

Whose name (s) is on the title to the property: _____

When are the principle and interest due on the mortgage? _____

Where are important papers kept (deeds, mortgage, title, payment receipts and survey kept)?

AUTOMOBILES

Vehicle #1

Year: _____ Make: _____ Model: _____ License Plate: _____

Registered to: _____

Monthly payment: _____ Due date: _____ Payoff date: _____

Title and payment book are located where: _____

Vehicle #2

Year: _____ Make: _____ Model: _____ License Plate: _____

Registered to: _____

Monthly payment: _____ Due date: _____ Payoff date: _____

Title and payment book are located where: _____

Vehicle #3

Year: _____ Make: _____ Model: _____ License Plate: _____

Registered to: _____

Monthly payment: _____ Due date: _____ Payoff date: _____

Title and payment book are located where: _____

STOCKS and BONDS

Do you have stocks and/or bonds? _____ If so, where are they kept? _____

Are purchase slips attached (for income tax info)? _____

Bond issuer: _____ Maturity date: _____

Bond issuer: _____ Maturity date: _____

Bond issuer: _____ Maturity date: _____

GENERAL FINANCIAL INFORMATION

Stock name: _____ Number of shares: _____
Stock name: _____ Number of shares: _____
Stock name: _____ Number of shares: _____
Stock name: _____ Number of shares: _____
Name of broker: _____ Phone number: _____
Address: _____
Name of broker: _____ Phone number: _____
Address: _____

WHO OWES YOU AND WHOM DO YOU OWE?

Do you owe anyone any money? _____ Are your loans secured? _____
Company/Person: _____ Amount: _____
Address: _____
Company/Person: _____ Amount: _____
Address: _____
Company/Person: _____ Amount: _____
Address: _____

Does anyone owe you money? _____
Company/Person: _____ Amount: _____
Address: _____
Company/Person: _____ Amount: _____
Address: _____
Company/Person: _____ Amount: _____
Address: _____

CREDIT CARDS

Name of Card: _____ Account: _____
Mailing address: _____ Phone: _____
Name of Card: _____ Account: _____
Mailing address: _____ Phone: _____
Name of Card: _____ Account: _____
Mailing address: _____ Phone: _____

GENERAL FINANCIAL INFORMATION

RETIREMENT

Fire Department Hire Date: _____

Deferred Comp provider: _____

Account number: _____ Phone number: _____

IRA #1 Bank name: _____ Phone number: _____

Address: _____

Account number: _____

IRA #2 Bank name: _____ Phone number: _____

Address: _____

Account number: _____

CD #1 Bank name: _____ Phone number: _____

Address: _____

Account number: _____ Maturity date: _____

CD #2 Bank name: _____ Phone number: _____

Address: _____

Account number: _____ Maturity date: _____

Any other forms of retirement or investments (Social Security, Annuities etc.):

Where are previous tax return papers located? _____

Accountants Name: _____ Phone number: _____

Address: _____

GENERAL INFORMATION

Lawyer's Name: _____ Phone number: _____

Address: _____

Do you have a current will ? _____ If yes, where is it located: _____

When was it last updated? _____ Who is the Executor? _____

Do you have a Power of Attorney? _____ Where is it located: _____

Do you have a Trust established? _____ Where is it located: _____

PERSONAL REQUESTS

Do you have any special personal effects (books, medals, pictures etc.) that you would like distributed? Please list names and what property.

What would you like to be done with your personal belongings? _____

Name someone to clean-out your FD locker? _____

Do you have any other personal requests or information that you would like to state? _____

PERSONAL REQUESTS

The section below may be difficult to fill-out. It discusses what you would like your children to accomplish or do in their lives. Please take the time to fill this out. If you would feel more comfortable doing so, write a letter to them containing the information from the section below.

Special wishes: _____

College: _____

Gifts: _____

Promises: _____

Weddings: _____

Do you have any other personal requests or information that you wish to state? _____

Print name

Signature

Date

Reminder – Keep this for your family in a known place. DO NOT submit to the Fire Department