

PORTFOLIO OF VITAL INFORMATION

Name _____ Phone _____
Address _____
Social Sec. No. _____ Medicare No. _____ Date of Birth _____

IN CASE OF EMERGENCY

DOCTOR _____	Office Phone _____
Address _____	Home Phone _____
LAWYER _____	Office Phone _____
Address _____	Home Phone _____
EXECUTOR _____	Office Phone _____
Address _____	Home Phone _____
POWER OF ATTORNEY _____	Office Phone _____
Address _____	Home Phone _____
PASTOR _____	Office Phone _____
Address _____	Home Phone _____

PLEASE CONTACT

Name _____	Relationship _____
Address _____	Phone _____
Name _____	Relationship _____
Address _____	Phone _____

I AM ALLERGIC TO _____ I ROUTINELY TAKE _____
I AM SUBJECT TO _____ MY BLOOD TYPE IS _____
CHURCH MEMBERSHIP _____ ADDRESS _____
OR
RELIGIOUS PREFERENCE _____

Dear Member:

This compiled information will only be of value and the service justified if you complete the forms AT ONCE. Most of us have a tendency to postpone facing reality. Facing reality just once can bring you personal peace of mind and can be an invaluable aid to your executor—be he the next of kin, close friend, lawyer or bank—who must be faced with these problems.

ALWAYS HAVE AVAILABLE IN YOUR PURSE OR WALLET: Social Security Card, Medicare Card, Drivers License, Auto Registration and Insurance Card, and Identification Cards from all agencies with whom you have health and accident insurance.

This Portfolio with all its information should be readily available IN YOUR HOME. It should always be kept in a spot known to next of kin and/or person who can act quickly in case of sudden illness, accident or death. It would be a good idea to give a photostatic copy to your lawyer.

KEEP ALL INFORMATION UP TO DATE!

KEEP YOUR WILL UP TO DATE!

This Portfolio was prepared for you by the Health and Insurance Committee and is made available by the Kentucky Retired Teachers Association.

HEALTH & HOSPITAL INSURANCE

1. Company _____ Local Agent _____ Phone _____
 Type of Policy _____ Policy No. _____ Premium _____ Dates due _____
 If membership in specific organization is required, list name _____
 Name _____ Amt. dues _____ Date for dues _____
2. Company _____ Local Agent _____ Phone _____
 Type of Policy _____ Policy No. _____ Premium _____ Dates due _____
 If membership in specific organization is required, list name _____
 Name _____ Amt. dues _____ Date for dues _____

ACCIDENT INSURANCE

1. Company _____ Local Agent _____ Phone _____
 Policy No. _____ Premium _____ Date/Dates due _____
2. Company _____ Local Agent _____ Phone _____
 Policy No. _____ Premium _____ Date/Dates due _____

IMPORTANT INFORMATION

<u>Name</u>	<u>Address</u>	<u>Account No.</u>
BANK _____	_____	_____
SAVINGS & LOAN _____	_____	_____
CREDIT _____	_____	_____
MONEY MARKET _____	_____	_____
SAFE DEPOSIT BOX: Location _____	_____	Key No. _____
Other signatures on card _____	Location of key _____	_____

I OWN THE FOLLOWING REAL ESTATE:

1. Description _____ Location _____ Mortgage _____
 Where deed is recorded _____ Book & Page _____
2. Description _____ Location _____ Mortgage _____
 Where deed is recorded _____ Book & Page _____

THE FOLLOWING DEBTS ARE OWED TO ME:

	<u>By Whom</u>	<u>Amount</u>	<u>Co-signer</u>	<u>Date Due</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

I OWE THE FOLLOWING DEBTS:

	<u>To Whom</u>	<u>Amount</u>	<u>When Payable</u>
1.	_____	_____	_____
2.	_____	_____	_____

I OWN THE FOLLOWING STOCKS, BONDS & OTHER INVESTMENTS:

MY BROKER _____ Address _____ Phone _____

HOME OWNERS POLICY with _____ Policy No. _____

PERSONAL PROPERTY POLICY with _____ Policy No. _____

INFORMATION NEEDED FOR CERTIFICATE OF DEATH

Full Name _____ Social Security No. _____

Birth Date _____ Birthplace _____ (Circle one) Married - Never Married
Divorced - Widowed

Father's Name _____ Mother's Maiden Name _____

Usual Occupation _____ Surviving Spouse _____
(If wife, enter Maiden Name)

MILITARY INFORMATION

Rank _____ Date of Discharge _____ Service No. _____

MY CHILDREN

Name	Address	Spouse	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INFORMATION FOR EXECUTOR

Preferred Funeral Home _____ Address _____ Phone _____

Complete Funeral Plans are on hand there. (Circle one) Yes No

Disposition of Remains _____ Name of Cemetery _____

Do you own: Plot _____ Crypt _____ Niche _____? If so, keep deed or copy in this portfolio

Service at: Funeral Home _____ Church _____ Name of Church _____

Type of Service: Private _____ Memorial Service Later _____ Where _____
For Friends _____ Conducted by _____

TO BE NOTIFIED

Enclose in this portfolio a complete list of names, addresses and phone numbers:

YOUR FRATERNAL ORDERS AND ORGANIZATIONS, YOUR RELATIVES (State relationship) and YOUR FRIENDS

ADDITIONAL INFORMATION FOR NEWSPAPER

In addition to information already available, friends would like to be reminded of your college degrees, club affiliations, community activities, where you taught, when retired, etc. Don't leave this information for someone to try and remember. ATTACH THIS INFORMATION.

LIFE INSURANCE

1. Company _____ Local Agent _____ Phone _____
Policy No. _____ Premium _____ Date(s) due _____

2. Company _____ Local Agent _____ Phone _____
Policy No. _____ Premium _____ Date(s) due _____

ACCIDENTAL DEATH INSURANCE

1. Company _____ Local Agent _____ Phone _____
Policy No. _____ Premium _____ Date(s) due _____

2. Company _____ Local Agent _____ Phone _____
Policy No. _____ Premium _____ Date(s) due _____

OTHER DEATH BENEFITS

Kentucky Teacher's Retirement System
 \$5,000.00 Life Insurance Benefit

For additional information, survivors may contact:
 KENTUCKY RETIRED TEACHERS ASSOCIATION
 BARDSTOWN RD. & GENE SNYDER FREEWAY
 7505 BARDSTOWN RD.
 LOUISVILLE, KY 40291-3234
 502-231-5802 / 1-800-551-7979
 fax: 502-231-0686 e-mail: krta98@aol.com

A surviving spouse may be eligible for continuing monthly payments if such a plan was chosen. Executor should send name of deceased, Soc. Sec. No., and copy of the death certificate to: Kentucky Teachers' Retirement System, 479 Versailles Road, Frankfort, KY 40601, requesting forms for any possible survivor's benefits. (Phone: 502-573-3266 and 1-800-618-1687) Pension checks received after date of death should be returned for pro-rating.

SOCIAL SECURITY - \$255.00 - Upon presentation of Social Security card, the mortician will handle this.

VETERANS - \$150.00 Minimum. Copy of Separation Document should be given to the mortician. (Keep this in file)

OTHER _____
 Procedure for filing _____

LOCATION OF IMPORTANT PAPERS

Item	Where Located	Item	Where Located
Automobile	_____	Miscellaneous	_____
Bill of Sale	_____	Adoption, Citizenship, etc.	_____
Finance papers Title	_____	Money - Acct. Bks., Records	_____
Driver's License	_____	Bank	_____
Insurance Policy	_____	Credit Union	_____
Registration	_____	Savings & Loan	_____
Birth Certificates	_____	Mortgages	_____
Credit Cards, Lists & Nos.	_____	Notes	_____
Death Certificates	_____	Organizations	_____
Duplicates - Photos,	_____	Membership Lists	_____
Old Records, etc.	_____	Cards	_____
Employment Records	_____	Real Estate Deeds	_____
Funeral Plans	_____	Retirement Records	_____
Health Records	_____	Stocks, Bonds,	_____
Insurance Policies	_____	other Investments	_____
Cancer	_____	Taxes - Receipts	_____
Health & Accident	_____	IRS - Old Returns	_____
Homeowners	_____	IRS - Latest Records	_____
Life	_____	IRS - Current Estimates	_____
Medicare Card	_____	Titles	_____
Personal Property	_____	Boat, Tractor, Truck	_____
Inventories	_____	Vital Information	_____
Household with photos	_____	for Emergencies	_____
Important Papers	_____	Warranties	_____
Marriage or Divorce	_____	Will	_____
Military Discharge	_____	Anatomical Will	_____