



Follow the paper trail

Organizing Your Vital Records booklet inside

The Committee on Active Retired Membership (COARM) has compiled a booklet to help you organize your vital records, help to give you peace of mind and perhaps make it easier for your beneficiaries and executor to follow your wishes.

For many years, COARM has contemplated such a guide as a service to retiree members of UUP. COARM charged elected members Pat Stempel (Central New York region) and Jo Schaffer (Southern Tier region) with this task. They spent the past 18 months collecting appropriate information, researching the needs of retirees, and collating and assembling the information.

As SUNY retirees, we all know that proper, careful planning is crucial to success in the classroom, in research endeavors and in all professional positions. The same criteria should be applied to the organization of all personal and financial information. A recent article in *The New York Times* (March 25, 2010), entitled “Assemble a Paper Trail, and Make Sure Your Heirs Can Follow It,” discussed maintaining an up-to-date will, ensuring that your beneficiaries are current, keeping health care proxies and guardianships timely, and titling your assets. It concluded:

“From the kids’ perspective, they want one last chance to respect and honor you.”

To that end, *Organizing Your Vital Records*, is inserted in this issue of *The Active Retiree*. This booklet is a purely optional way to organize your personal records. For your own peace of mind—and for those you love and care for—organizing your records should be an ongoing process.

Also included are Health Care Proxy and Living Will forms, which may make it easier for your family to manage difficult decisions about treatment options and other health care wishes. Read each carefully as they deal with two distinct and different issues.

We believe that you will come across other pieces of information that are of importance to you. Please let us know what you have added, so that the information may be included in future editions.

Be sure to keep this document in a secure but identifiable and accessible place. The general recommendation is that this booklet *not* be placed in a safe deposit box, where it may not be available when needed.



From COARM Chair Judy Wishnia

The Committee on Active Retired Membership (COARM) is pleased to send you this special edition of *The Active Retiree*. We hope that you will find it useful in organizing your files. Much deserved thanks to Jo Schaffer and Pat Stempel for their efforts.



if you can, volunteer for candidates who care about retiree security.

In addition, this fall members of the UUP Negotiations Team will be visiting campuses. Please attend the meetings. Remember, health care benefits and co-pays that cover those still employed also apply to retirees. So

be sure your voice is heard.

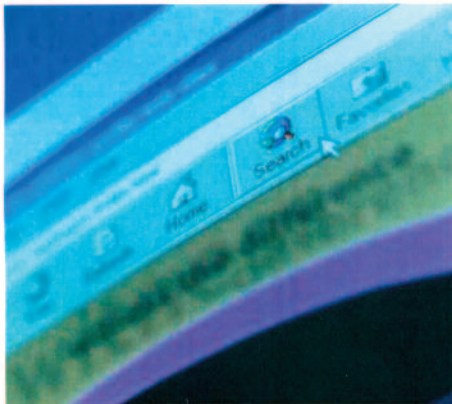
The Active Retiree reports on regional and campus meetings as well as on our special projects, such as preventing elder abuse. And, of course, many retirees advocate with members of the Legislature for the maintenance of a strong and well-funded SUNY. Please join us at our regional and campus meetings, be active in your chapters and support our advocacy for SUNY.

If you have comments and suggestions, let us know.

Believe it or not, there are now more than 3,500 retired members of UUP and we are scattered everywhere from Buffalo to Los Angeles, from Albany to the Florida coast, and everywhere in between. UUP and COARM are committed to ensuring that our pension benefits (including Social Security) and our health care coverage are protected.

With this in mind, we would urge you to remember how important this November election is. There are candidates running who would privatize Social Security, raise the retirement age and attack Medicare. Please vote and,

Searching for answers ?
Let us help.



- Relationship Issues
- Care for aging parents
- Substance abuse
- Medicare/Medicaid questions
- Chronic illness and Disabilities
- Reassurance through difficult times

Contact NYSUT Social Services
1-800-342-9810, ext. 6206 or socsvcs@nysutmail.org
Free and Confidential

The Active Retiree

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Frederick G. Floss/VP for Academics
Eileen Landy/Secretary
Rowena J. Blackman-Stroud/Treasurer
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The opinions expressed in this newsletter are those of the authors and not necessarily the opinions of United University Professions.

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**Organizing
your vital
records.**

**Critical info
at your fingertips.**

Having all your personal information in one place can make it easier to deal with the unexpected. This checklist is designed to be an organizational tool that will help you and your family more easily navigate moments of change.

It will also assist you in aggregating your important data. We hope this document helps give you a view of your vital information, and some measure of peace of mind for you and those you hold dear.



Table of Contents

Key Contacts	4
Household Expenses	5
Banking Documents	5
Vital Documents.....	6
Credit & Lending Documents	7
Investment Documents	7
Estate Planning Documents	8
Retirement Documents	9
Health Care Proxy Form.....	10
Living Will Form	11

<hr/> <p style="text-align: center;">Name</p> <hr/> <p style="text-align: center;">Date</p>

From UUP President Phil Smith



Since its inception, the Committee on Active Retired Membership (COARM) has worked diligently in its charge to encourage and promote retired membership in UUP; to make recommendations on organizational

structures; to continue the mutually beneficial relationship between retirees and their union; and to ensure that the interests and concerns of retirees are considered. COARM has done that—and more.

This “Organizing Your Vital Records” booklet is the latest in a long list of services and resources provided by COARM and UUP.

The officers and I wish to thank the members of COARM—especially Chair Judith Wishnia, Jo Schaffer and Pat Stempel—for their ongoing commitment to our retired members and for developing a checklist that helps *all* members organize their personal records in one handy booklet.

In union,

A handwritten signature in blue ink that reads "Phil".

UUP Officers

President
Phillip H. Smith

VP for Professionals
John J. Marino

VP for Academics
Frederick G. Floss

Secretary
Eileen Landy

Treasurer
Rowena J.
Blackman-Stroud

*Membership
Development Officer*
Edward H. Quinn

Key Contacts		
	Name/Address	Telephone
Family member		
Family member		
Family member		
Family member		
Family member		
Family member		
Family member		
Friend		
Friend		
Primary care physician		
Other physician		
Other physician		
Other physician		
Other physician		
Dentist		
Home health aide		
Primary medical insurance		
Supplemental insurance		
Vision insurance		
Dental insurance		
Pharmacy		
Financial advisor		

Key Contacts		
Attorney	Name/Address	Telephone
Executor	Name/Address	Telephone
Power of attorney	Name/Address	Telephone
Accountant	Name/Address	Telephone

Household Expenses			
Telephone provider	Name	Acct #	Telephone
Cell phone provider	Name	Acct #	Telephone
Cable provider	Name	Acct #	Telephone
Gas company	Name	Acct #	Telephone
Electric company	Name	Acct #	Telephone
Water company	Name	Acct #	Telephone
Internet company	Name	Acct #	Telephone
Other	Name	Acct #	Telephone

Banking Documents	Provider Contact Information	Where Are They Kept?
<i>Example: Checkbook</i>	<i>Bank of the U.S. 123 Birch St., New York, NY 11110 (555) 123-4567</i>	<i>File cabinet, office</i>
Account statements/Account #		
Checking		
Savings		
Credit Union		
Other		

Banking Documents	Provider Contact Information	Where Are They Kept?
Money market account statements/Account #		
CD statements/Account #		
Credit card/Account #		
Credit card/Account #		
Credit card/Account #		
Online bill paying info Direct pay info, password		

Vital Documents	Provider Contact Information	Where Are They Kept?
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Personal

Social Security card		
Birth certificates		
Passport/Naturalization papers		
Driver's license		
Adoption papers		
Marriage certificate		
Prenuptial agreement		
Divorce or separation papers		
Military discharge papers		
Safe and combination		
Safe deposit box and key— readily available to executor		

Tax

Prior years' federal/state tax returns		
Property and school tax records		

Vital Documents	Provider Contact Information	Where Are They Kept?
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Ownership

Real estate deeds		
Motor vehicle titles		
Other titles of ownership		
Appraisal and inventory of valuable and personal items (attach additional lists, if necessary)		
Keys (extra sets: house, car, other)		

Credit & Lending Documents	Provider Contact Information	Where Are They Kept?
Mortgage		
Home equity line documents		
Car loan		
Other outstanding loans		
Promissory notes		
Rental and/or lease agreements		

Investment Documents	ID #	Provider Contact Information	Where Are They Kept?
Brokerage account statements			
Mutual fund account statements			
Other managed account statements			
Stock certificates not in an account			
Other investments			
College savings plan/Gifts to minors			

Estate Planning Documents	Provider Contact Information	Where Are They Kept?
Estate		
Last will and testament/Copy available to executor		
Living will/Health care proxy/ Organ donation (see attached forms)		
Durable power of attorney		
Funeral instructions		
Cemetery plot		
Prepaid cremation papers		
Funeral home preference/info		
Information for obituary		
Who is to be notified at death?		
Insurance		
Long-term care insurance policy		
Life insurance policies		
Mortgage insurance policies		
Travel insurance policy		
Property and casualty policy		
Veterans Admin. insurance policy		
UUP insurance policy		
New York State insurance policy		
Vehicle insurance policy		
Homeowners insurance policy		
Trusts		
Personal trust account		
Trustee information		
Charitable trust account		

Retirement Documents	ID #	Provider Contact Information	Where Are They Kept?
IRA statements			
Variable/fixed annuities statements			
Retirement systems TIAA-CREF, VALIC, Metropolitan, ING TRS ERS Other			
Benefit Forms IRAs Retirement UUP New York State Other			

NOTES

Health Care Proxy

I, _____

hereby appoint _____
(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect when and if I become unable to make my own health care decisions.

Optional instructions: I direct my agent to make health care decisions in accord with my wishes and limitations as stated below, or as he or she otherwise knows. (Attach additional pages if necessary.)

(Unless your agent knows your wishes about artificial nutrition and hydration [feeding tubes], your agent will not be allowed to make decisions about artificial nutrition and hydration.)

Name of substitute or fill-in agent if the person I appoint above is unable, unwilling or unavailable to act as my health care agent.

(name, home address and telephone number)

Unless I revoke it, this proxy shall remain in effect indefinitely, or until the date or conditions stated below. This proxy shall expire (specific date or conditions, if desired):

Signature _____

Address _____

Date _____

Statement by Witnesses (must be 18 or older)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1 _____

Address _____

Witness 2 _____

Address _____

New York Living Will

This Living Will form is free and available on the web. If you live outside NYS, check the web for the appropriate form for your state.

I, _____, being of sound mind, make this statement as a directive to be followed if I become permanently unable to participate in decisions regarding my Medical care. These instructions reflect my firm and settled commitment to decline medical treatment under the circumstances indicated below.

I direct my attending physician and other medical personnel to withhold or withdraw treatment that serves only to prolong the process of my dying, if I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery.

These instructions apply if I am: a) in a terminal condition; b) permanently unconscious; or c) if I am conscious but have irreversible brain damage and will never regain the ability to make decisions and express my wishes.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing treatment. While I understand that I am not legally required to be specific about future treatments, if I am in the condition(s) described above, I feel especially strong about the following forms of treatment:

I **do not want** cardiac resuscitation.

I **do not want** mechanical respiration.

I **do not want** tube feeding.

I **do not want** antibiotics.

I **do want** maximum pain relief.

Other instructions (insert personal instructions) _____

I HEREBY APPOINT

Name: _____

Address: _____

Phone Number: _____

as my health care agent to make all health care decisions for me in conformity with the guidelines I have expressed in this document. I direct my agent to make health care decisions in accordance with my wishes and instructions as stated above or as otherwise known to him or her. I also direct my agent to abide by any limitations on his or her authority as stated above or as otherwise known to him or her.

I understand that unless I revoke it, this living will and health care proxy will remain in effect indefinitely.

These directions express my legal right to refuse treatment, under the laws of New York. Unless I have revoked this instrument or otherwise clearly and explicitly indicated that I have changed my mind, it is my unequivocal intent that my instructions as set forth in this document be faithfully carried out.

Signature: _____

Address: _____

Date: _____

Statement By Witnesses (Must Be 18 or Older)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness: _____

Address: _____

Witness: _____

Address: _____

KEEP THIS SIGNED ORIGINAL WITH YOUR PERSONAL PAPERS AT HOME. GIVE COPIES OF THE SIGNED ORIGINAL TO YOUR DOCTOR, FAMILY, LAWYER AND OTHERS WHO MIGHT BE INVOLVED IN YOUR CARE.

IMPORTANT CONTACT INFORMATION

UUP Benefit Trust Fund .....	.800/887-3863
<i>* Employees must be eligible for enrollment in NYS Health Insurance Program</i>	
Delta Dental .....	.800/471-7093
Davis Vision (Vision Care) .....	.800/999-5431
Laser Vision Correction (Client Code 7512) .....	.800/584-2866
Scholarship Program .....	.800/887-3863
Empire Plan (Select menu option) .....	.877/769-7447
Press 1.	United HealthCare (Medical/Surgical)
	HCAP (Home Care Advocacy Program/Equipment/Supplies)
	MultiPlan (Basic Medical Provider Discount Program)
	MPN (Chiropractic/Physical Therapy Managed Program.)
	Benefits Management Program (MRI Pre-certification)
	Infertility Treatment (Centers of Excellence)
Press 2.	Empire BlueCross and BlueShield (Hospital/Inpatient/Nursing/Transplant Pre-certification)
Press 3.	OptumHealth (Psychiatric/Substance Abuse Pre-certification)
Press 4.	United HealthCare/Medco (Prescription Program)
Press 5.	NurseLine (Information/Education/24-hour Support)
HMO Participants	Call your HMO
Retirement Systems (Pensions)	
NYS Employees' Retirement System .....	.866/805-0990
NYS Teachers' Retirement System .....	.800/348-7298
Optional Retirement Programs	
ING .....	.800/677-4636
TIAA-CREF .....	.800/842-2776
Metropolitan .....	.800/638-5433
VALIC .....	.800/448-2542
Tax Deferred Retirement Savings	
NYS Deferred Compensation Plan 457(b) ..	.800/422-8463
NYSUT .....	.800/342-9810
Member Benefits .....	.800/626-8101
AFT .....	.800/238-1133 x8643
Workers' Compensation/SS Disability	
Fine, Olin & Anderman .....	.866/362-4887
Flex Spending Account	
Dependent Care Advantage Acct .....	.800/358-7202
Health Care Spending Account .....	.800/342-8017
NYS Dept. of Civil Service .....	.800/833-4344
New York State/UUP Joint Labor/Management Office .....	.518/486-4666
NYS Tax Information (Pensions/Annuities) .....	.800/225-5829

Is it time for a financial tune-up?

Have you ever asked yourself these questions?

- Should I refinance my mortgage?
- Am I saving enough for my children's education?
- What is the best way to reduce my debt?
- Is my 403(b) retirement account invested properly?

If yes, you could benefit by enrolling in the Financial Counseling Program recently endorsed by NYSUT Member Benefits Corporation.

For an annual fee, you'll get unbiased, objective advice from financial professionals who do not sell any financial products. The Financial Counseling Program is provided by Stacey Braun Associates, Inc., an investment advisory company.

Its certified financial planners and registered investment advisors provide fee-based professional financial counseling; they receive no commissions from mutual funds, brokerage firms, insurance companies or any other third party.

The **Full-Service Financial Counseling Program** includes several features. You can consult with a planner or advisor toll-free for up to six hours per year. If a planner or advisor is not available when you call, you can schedule a phone consultation at a time convenient for you.

You can request no-cost written summaries and reports on a variety of financial issues. You can receive assistance in choosing a 403(b) retirement savings program provider available



through your employer, as well as assistance on reviewing your 403(b) investment selections.

You'll gain access to Stacey Braun's password-protected Web site, which is chock-full of tips, narratives, market data, quotes, charts, news, calculators, an interactive financial planner, useful Web site links and more. There's even an e-mail helpdesk where you can get answers to basic financial questions within 24 hours.

Also, you can request an in-person consultation with a Stacey Braun planner. If you can meet at Stacey Braun's office in New York City, the additional fee for in-person consultation will be waived.

If you only desire advice regarding 403(b) retirement savings programs, the **403(b) Limited Financial Counseling**

Program is available at a reduced price. This option includes toll-free phone consultations to discuss 403(b) programs only (six-hour limit) and assistance in selecting a 403(b) program provider available through your employer, as well as assistance with investment allocation of 403(b) assets. Web site access, e-mail helpdesk and in-person consultations are not included in the limited plan.

For information on this and other programs, visit www.memberbenefits.nysut.org, call us at **800-626-8101** weekdays from 9 a.m. to 5 p.m., or use the **Contact** feature on our Web site.



The Stacey Braun Associates, Inc. Financial Counseling Program is a NYSUT Member Benefits Corporation (Member Benefits)-endorsed program. Under an agreement with Stacey Braun, Member Benefits has an expense reimbursement/endorsement arrangement of 10% of annual participation fees received plus \$9 per direct bill participant. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

Agency fee payers to NYSUT are eligible to participate in NYSUT Member Benefits-endorsed programs.

Look Inside

for Special Insert: Organizing Your Vital Records



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United University Professions

The Active Retiree

