ORGANIZING YOUR VITAL RECORDS

An editable PDF to keep all of your important personal information consolidated and accessible.

UNITED UNIVERSITY PROFESSIONS

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Life's most important information, forms and documents at your fingertips

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_____

name

_____

date

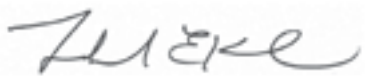
FROM UUP PRESIDENT FRED KOWAL

Since its inception, the Retired Membership Governing Committee (RMGC) 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. RMGC has done that—and more.

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

The officers and I wish to thank the members of RMGC 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,



This booklet is not intended to address all circumstances or individual issues.

Key Contacts

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

Key Contacts

	Name/Address	Telephone
Attorney		
Executor		
Power of attorney		
Accountant		

Household Expenses

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

Banking Documents	Provider Contact Information	Where Are They Kept?
Example: Checkbook	*Bank of the U.S.* *123 Birch St., New York, NY 11110* *(555) 123-4567*	*File cabinet, office*
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?
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?
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 _____

Source: NYS Department of Health 1991

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.

Source: NYS Bar Association

IMPORTANT CONTACT INFORMATION

UUP Benefit Trust Fund 800/887-3863
** Employees must be eligible for enrollment in NYS Health Insurance Program*
Delta Dental 800/471-7093
Davis Vision (Vision Care) 800/999-5431
Laser Vision Correction (Client Code 7512) 800/584-2866

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. Empire Plan Prescription Drug 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
VOYA 800/677-4636
TIAA-CREF 800/842-2252
Metropolitan 800/560-5001
AIG/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

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