

CASUALTY ASSISTANCE PLANNING GUIDE

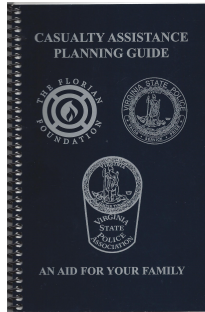


TABLE OF CONTENTS

Introduction	5
Instructions	5
Personal Information	6
Children Information	7
Legal Information.	8
Will.	8
Trust and Guardianship	9
Power of Attorney	11
Living Will	11
Agreements and Contracts	12
Marriage and Divorce	13
Insurance Information	14
Life Insurance.	15
Health Insurance.	17
Homeowners & Renters Insurance	18
Automotive & Marine Insurance	19
Mortgage Insurance	20
Umbrella Insurance	20
Financial Information.	21
Bank Accounts	22
Safe Deposit Boxes	24
Tax Deferred Annuities	25

Pension & Profit Sharing	26
Real Estate	27
Personal Property	28
Valuables	28
Stocks and Bonds	29
Mortgages	30
Loans and Loan Guarantees	31
Credit Cards	33
Security	34
Physicians	35
Organ Donation	36
Estate Checklist	37

INTRODUCTION

This organizer will be a valuable asset for your family when someday you are unable to speak for yourself. All of your life's important details can then be accessed instantly when fast decisions are required. Complete this organizer and tell someone you trust where to find it. That way, you can prevent accounts from being lost, make sure all insurance is claimed, specify medical directives and much more.

INSTRUCTIONS

This organizer is intended to be comprehensive, so you probably won't need to fill out every line. Use only what is needed and useful for you.

Use a pencil. Most of the information won't change, but if it does, you'll want to change it easily.

If you have questions about specific items or aren't sure what to fill in, ask your lawyer, insurance agent, banker, or other advisor or write in what you think is correct and confirm the answer. Don't be afraid to write in blank areas, between lines or in the margins.

Keep this organizer in a location where it will be readily accessible for reference or in case your family needs it. Share its location with your family or an emergency contact so that it is easily available.

PERSONAL INFORMATION

Name_____

Address_____

Phone_____

Birthdate_____

Birthplace_____

Social Security #_____

Employer_____

Address_____

Phone_____

Military Service (Branch)_____

Rank_____

Serial #_____

Enlistment/Discharge Dates_____

Location of DD214 or Discharge Papers_____

Spouse_____

Spouse's Address_____

Phone_____

Nearest Relative_____

Address_____

Phone_____

Relationship_____

Social Security #_____

CHILDREN

Name_____

Address_____

Phone_____ SS#_____

Birthdate_____

Name_____

Address_____

Phone_____ SS#_____

Birthdate_____

Name_____

Address_____

Phone_____ SS#_____

Birthdate_____

Name_____

Address_____

Phone_____ SS#_____

Birthdate_____

Location of Family Birth Certificates:

LEGAL INFORMATION

Lawyer_____

Firm_____

Address_____

Phone_____

LEGAL INFORMATION:

The purpose of this section is to record some information about important legal documents. It is not intended to provide legal advice in any way or substitute for the sound advice of a lawyer. If you have a legal question or concern, please contact a lawyer for proper legal counsel. Following is a brief description of common legal instruments:

Wills: A Last Will and Testament is the document by which an individual declares how their possessions are to be distributed after their death. It is important that you update your will when there are major changes in your life. Discuss with your lawyer how adequate provisions can be made from your estate to assist the minor heirs.

Trusts: A Trust gives legal title of property to an individual (Trustee) to administer for another (the Beneficiary). Trusts are used commonly to minimize estate taxes or to give property to someone without losing control over it.

YOUR WILL

I have a Last Will and Testament: Yes_____ No_____

Date of Will_____

Last Update_____

Location of Will:

Original_____

Copies_____

Executor of Estate_____

Address_____

Phone_____

Alternate Executor_____

Address_____

Phone_____

Witness to Will_____

Address_____

Phone_____

Witness to Will_____

Address_____

Phone_____

Attorney who drafted Will_____

Address_____

Phone_____

TRUSTS AND GUARDIANSHIP

TRUSTS

I have a Trust Agreement: Yes_____ No_____

Date Executed_____

Location of Trust_____

Type of Trust_____

Trustee_____

Witness to Trust_____

Address_____

Phone_____

Attorney who drafted Trust_____

Address_____

Phone_____

GUARDIANSHIP

I have minor children and have made provisions in my Last Will and Testament for the guardianship of my Children: Yes_____ No_____

Name of Guardian_____

Witness to Will_____

Address_____

Phone_____

Relationship_____

Alternate Guardian_____

Witness to Will_____

Address_____

Phone_____

Relationship_____

Attorney who drafted Will_____

Address_____

Phone_____

POWER OF ATTORNEY/LIVING WILL

POWER OF ATTORNEY: You should have a Power of Attorney to help you and your family under special circumstances by allowing an authorized person to act on your behalf.

I have executed a Power of Attorney:

Yes, Date_____ No_____

Location of Document_____

Who has Power of Attorney_____

Address_____

Phone_____

Relationship_____

Reason for Power of Attorney_____

What is Covered:_____

LIVING WILL and ADVANCE MEDICAL DIRECTIVE: A living will and advanced medical directive are documents that can help ensure that your medical wishes, regarding life support, etc., are carried out if for any reason you are unable to state them yourself.

I have executed a Living Will and an Advance Medical Directive:

Yes, Date_____ No_____

Locations of documents_____

Locations of copies_____

AGREEMENTS AND CONTRACTS

BUSINESS OWNERSHIP

Name of Business_____

Form of Ownership_____

Address_____

Phone_____

Accountant_____ Phone_____

Attorney_____ Phone_____

Location of Business Records (insurance, tax records, keys, receipts, employee records, etc.)

ITEM	LOCATION
_____	_____
_____	_____
_____	_____
_____	_____

OTHER AGREEMENTS

MARRIAGE AND DIVORCE

MARRIAGE

Date of Marriage_____

Place_____

Location of Marriage Certificate_____

PRENUPTIAL AGREEMENT

Date Signed_____

Location of Document_____

SEPARATION AGREEMENT

Date Signed_____

Spouse’s Name_____

Spouse’s Address_____

Phone_____

Location of Document_____

DIVORCE DECREE

Date of Divorce_____

Name of Court_____

Court Address_____

Location of Document_____

Alimony_____

Child Support_____

INSURANCE INFORMATION

Insurance represents the protection you carry to safeguard your assets and your loved one in case of accidents, burglary, lawsuits, etc. It is important to consult with your insurance agent frequently as many of life's changes can require a change in the insurance protection that you carry.

Health, disability and life insurance needs change depending on your age and life circumstances. Only you and a qualified insurance representative can determine what is right for you. If your insurance is through work you may not be aware of all the coverages. VSP Human Resources can be of great help in answering your questions.

Homeowner's or renter's insurance is generally used to cover real estate and other valuable property that you may own. Generally these policies cover personal valuables such as jewelry, silver and artwork up to a set limit. Consult with your agent to determine if additional riders (specific coverage) for those items may be necessary and if an appraisal is warranted.

Mortgage insurance is a type of life insurance that specifically pays off any remaining debt on your property. An **umbrella policy** provides extra liability coverage over and above your car or homeowner's policy limits up to a higher limit, usually \$1- to \$5-million. Many individuals who own small businesses or are professionals consider it as an important protection of their assets.

LIFE INSURANCE

Company_____

Agent_____ Phone_____

Policy#_____

Beneficiaries_____

Location of Policy_____

Policy Type*_____ Policy Loans?_____

Face Value_____ Surrender Value_____

Company_____

Agent_____ Phone_____

Policy#_____

Beneficiaries_____

Location of Policy_____

Policy Type*_____ Policy Loans?_____

Face Value_____ Surrender Value_____

Company_____

Agent_____ Phone_____

Policy#_____

Beneficiaries_____

Location of Policy_____

Policy Type*_____ Policy Loans?_____

Face Value_____ Surrender Value_____

*Whole Life, Universal, Single Premium, Term, etc.

LIFE INSURANCE (CONT.)

Company_____

Agent_____ Phone_____

Policy#_____

Beneficiaries_____

Location of Policy_____

Policy Type*_____ Policy Loans?_____

Face Value_____ Surrender Value_____

Company_____

Agent_____ Phone_____

Policy#_____

Beneficiaries_____

Location of Policy_____

Policy Type*_____ Policy Loans?_____

Face Value_____ Surrender Value_____

Life insurance proceeds are included when calculating the value of an estate. Your lawyer can help determine if a Life Insurance Trust is advisable in your circumstances. This type of trust is designed to protect insurance proceeds from estate taxes.

I have a Life Insurance Trust: Yes_____ No_____

Contact_____

*Whole Life, Universal, Single Premium, Term, etc.

HEALTH INSURANCE

Primary Insurance_____

Name of Insured_____

Policy #_____

Group #_____ Member #_____

Dependents Covered_____

2nd Insurance_____

Name of Insured_____

Policy #_____

Group #_____ Member #_____

Dependents Covered_____

3rd Insurance_____

Name of Insured_____

Policy #_____

Group #_____ Member #_____

Dependents Covered_____

DISABILITY INSURANCE

Company_____

Policy #_____

Coverage_____

HOME OR RENTER’S INSURANCE

Property_____

Company_____

Agent_____ Phone_____

Policy #_____

Coverage_____ Deductible_____

Location of Policy_____

Exclusions_____

Riders (for jewelry and other valuables)_____

Company_____

Agent_____ Phone_____

Policy #_____

Coverage_____ Deductible_____

Location of Policy_____

Exclusions_____

Riders (for jewelry and other valuables)_____

AUTOMOTIVE/MARINE INSURANCE

Insurance Co._____

Agent_____ Phone_____

Policy #_____

Limits of Coverage_____

Location of Policy_____

Vehicles/Boats Covered_____

Insurance Co._____

Agent_____ Phone_____

Policy #_____

Limits of Coverage_____

Location of Policy_____

Vehicles/Boats Covered_____

Automobile Club_____

Membership #_____

Phone_____

OTHER INSURANCE

MORTGAGE INSURANCE

Company_____

Agent_____ Phone_____

Policy #_____

Coverage_____

Location of Policy_____

Company_____

Agent_____ Phone_____

Policy #_____

Coverage_____

Location of Policy_____

UMBRELLA (EXCESS) INSURANCE

Company_____

Agent_____ Phone_____

Policy #_____

Coverage_____

Location of Policy_____

FINANCIAL INFORMATION

Person to contact regarding my finances:

Name_____

Address_____

Phone_____

Accountant_____

Address_____

Phone_____

Location of Tax Records_____

FINANCIAL PLANNING

The purpose of this section of the organizer is to help you record the financial details of your life. It is not intended to present financial advice or imply that any investment is better than any other. Only you and a qualified investment advisor can determine what is appropriate for your specific needs. Record all of your assets and liabilities including bank accounts, safe deposit boxes, real estate, mortgages, loans, etc. The stocks and bonds pages are not intended to be for each transaction, only for noting the stocks and bonds that you own.

The sections for Pension, Profit Sharing and Tax Deferred Annuities (IRA's, etc.) are for long term retirement savings and usually incur a penalty for withdrawal before age 59½. Tax legislation and personal circumstances may affect the status of your account(s). Consult your financial advisor.

BANK ACCOUNTS

Bank_____

Address_____

Contact_____

Type*_____

Account #_____

Authorized Signers_____

Location of Passbook_____

Bank_____

Address_____

Contact_____

Type*_____

Account #_____

Authorized Signers_____

Location of Passbook_____

Bank_____

Address_____

Contact_____

Type*_____

Account #_____

Authorized Signers_____

Location of Passbook_____

*Checking, Savings, Money Market, etc.

BANK ACCOUNTS (CONT.)

Bank_____

Address_____

Contact_____

Type*_____

Account #_____

Authorized Signers_____

Location of Passbook_____

Bank_____

Address_____

Contact_____

Type*_____

Account #_____

Authorized Signers_____

Location of Passbook_____

Bank_____

Address_____

Contact_____

Type*_____

Account #_____

Authorized Signers_____

Location of Passbook_____

*Checking, Savings, Money Market, etc.

SAFE DEPOSIT BOXES

Bank_____

Address_____

Box #_____

Location of Key(s)_____

Authorized Signer(s)_____

Contents_____

Bank_____

Address_____

Box #_____

Location of Key(s)_____

Authorized Signer(s)_____

Contents_____

TAX-DEFERRED ACCOUNTS

This would include Individual Retirement Accounts, 401k plans, 403b tax sheltered annuities, Keoghs or HR10 plans.

Account Type_____ Account #_____

Institution_____

Address_____

Account Type_____ Account #_____

Institution_____

Address_____

Account Type_____ Account #_____

Institution_____

Address_____

Account Type_____ Account #_____

Institution_____

Address_____

PENSION AND PROFIT SHARING

Company_____

Address_____

Date Vested_____

Vested Value_____

Options*_____

Company_____

Address_____

Date Vested_____

Vested Value_____

Options*_____

Company_____

Address_____

Date Vested_____

Vested Value_____

Options*_____

Company_____

Address_____

Date Vested_____

Vested Value_____

Options*_____

*Provisions for survivorship for spouse, lump sum payout, etc.

REAL ESTATE OWNED

Primary Residence_____

Purchase Date_____ Price_____

Name(s) on Title_____

How Title Held*_____

Title Location_____

How are Taxes Paid?**_____

2nd Property_____

Purchase Date_____ Price_____

Name(s) on Title_____

How Title Held*_____

Title Location_____

How are Taxes Paid?**_____

3rd Property_____

Purchase Date_____ Price_____

Name(s) on Title_____

How Title Held*_____

Title Location_____

How are Taxes Paid?**_____

*Joint tenants with right of survivorship, tenants by the entirety, tenancy in common.

**Monthly, yearly, in escrow, etc.

PERSONAL PROPERTY

MOTOR VEHICLES, BOATS, ETC.

Make, Model, Year_____

Registration #_____ Purchase Date_____

Name(s) on Title_____

Where Kept?_____

Title Location_____

Make, Model, Year_____

Registration #_____ Purchase Date_____

Name(s) on Title_____

Where Kept?_____

Title Location_____

Make, Model, Year_____

Registration #_____ Purchase Date_____

Name(s) on Title_____

Where Kept?_____

Title Location_____

OTHER VALUABLE PERSONAL PROPERTY:

STOCKS AND MUTUAL FUNDS

Stock or Mutual Fund Name	#Shares	Date Purchased	Purchase Cost	Location of Certificates

BONDS AND CERTIFICATES OF DEPOSIT

Company or Bank Name	Date Matures	Purchase Date	Cost	Face Value	Location of Certificates

MORTGAGES

If mortgage rates have dropped or changes in your life have occurred, refinancing may be to your benefit. Seek professional advice.

Lender_____

Address_____

Phone_____ Account #_____

Origination Date_____ Amount_____

Property Location_____

Lender_____

Address_____

Phone_____ Account #_____

Origination Date_____ Amount_____

Property Location_____

Lender_____

Address_____

Phone_____ Account #_____

Origination Date_____ Amount_____

Property Location_____

LOANS AND LOAN GUARANTEES

A loan guarantee is as legally binding on you as a loan. By co-signing or guaranteeing a loan you have the obligation to pay that loan should the borrower default for any reason. Typically a parent may co-sign a car loan for a child of theirs or personally guarantee a loan for a small business.

Type of Loan_____

Secured By_____

Address_____

Phone_____ Account #_____

Origination Date_____ Amount_____

Type of Loan_____

Secured By_____

Address_____

Phone_____ Account #_____

Origination Date_____ Amount_____

Type of Loan_____

Secured By_____

Address_____

Phone_____ Account #_____

Origination Date_____ Amount_____

LOANS (CONT.)

Type of Loan_____

Secured By_____

Address_____

Phone_____ Account #_____

Origination Date_____ Amount_____

Type of Loan_____

Secured By_____

Address_____

Phone_____ Account #_____

Origination Date_____ Amount_____

Type of Loan_____

Secured By_____

Address_____

Phone_____ Account #_____

Origination Date_____ Amount_____

CREDIT CARDS

Card Name	Issued By (store or bank name)	Address	Account Number

SECURITY

HOME SECURITY SYSTEM

Residence_____

Security Co._____

Security Code_____

Instructions_____

OTHER SECURITY SYSTEM (Car, etc.)

Item Protected_____

Security Co._____

Location of System_____

Security Code_____

Instructions_____

LOCATION OF IMPORTANT ITEMS:

House Keys_____

Extra Keys_____

Car Keys_____

Gas/Water Shut-Off_____

Electrical Box_____

Combination Locks_____

Combinations_____

Address Book_____

Passport_____

PHYSICIANS

Physician_____

Specialty_____

Address_____

Phone_____

Physician_____

Specialty_____

Address_____

Phone_____

Physician_____

Specialty_____

Address_____

Phone_____

Physician_____

Specialty_____

Address_____

Phone_____

Physician_____

Specialty_____

Address_____

Phone_____

ORGAN DONATION

An organ donation card is a document that states your wishes regarding the donation of body organs and parts upon your death, according to the Uniform Anatomical Gift Act.

I have executed an “Organ Donor card”:

Yes, Date_____ No_____

Location of my donor card_____

For information only, it states that:

_____ I do not wish to donate any organs/parts.

_____ I wish to donate any organs/parts needed.

_____ I wish to donate the following:

ESTATE CHECKLIST OF THINGS TO BE DONE BY VSP
WIDOW/WIDOWER OR OTHER FAMILY MEMBER

1. Locate **ORIGINAL** will and any codicils, if any, and consult with counsel as to probate requirements.
2. Prepare the Estate Asset Inventory using date of death values with balances with accumulated interest to the date of death for checking and savings accounts.
3. Contact the Social Security Administration to stop payments (if applicable) and arrange to return payments received, if any, after the date of death.
4. Contact life insurance companies for payment. If the companies do not provide a Form 712, ask for one. Form 712 must be filed with a federal estate tax return. The insurance company may send the form automatically, but if not you should ask for it when you return the information to receive your proceeds.
5. Terminate automobile, hospitalization and other insurance policies, where appropriate and seek refunds where appropriate. Terminate any unwanted subscriptions. (Notify Post Office of address change.)
6. You should soon apply for an IRS estate identification number. (This will be an EIN, which starts “54-_____”.) If you open an estate account before you get the number, ask the bank to put “Pending” on the account until the number comes.
7. Get receipts for personal property distributed to people and/or to charities.
8. Keep all bills and checks together for accountings to the Circuit Court’s Commissioner of Accounts and for the federal estate tax return and/or fiduciary tax return deductions.
9. Get the checking account bank to change the ownership effective as of the date of death payable to you through your social security number, which in effect transfers that money to you, if you are the only beneficiary. Otherwise, tell the bank that you will give them the I.D. number (see ¶ 5, above) when it arrives and have the account set up with that number beginning from the date of death so that the estate can collect interest on its money while you are using it to pay estate debts before you transfer it to yourself and/or other beneficiaries.

10. DO NOT put any life insurance proceeds in the working estate account, but keep that money yourself because it is not part of the probate estate; it is your money. However, life insurance proceeds are includable for calculating the gross estate for federal estate tax purposes. If you need insurance proceeds later to pay estate bills, you can then put it in the estate checking account.
11. Prepare and file current Virginia and federal income tax returns when due. Consult an attorney or accountant if you have any questions.
12. Check for organizational or employer group life policies.
13. Did the decedent own life policies on others?
14. Retirement Plan death benefits and/or veterans' benefits.
15. Check real estate ownership.
16. Governmental benefits to be checked:
 - a. State Group Life Insurance
 - b. Optional State Life Insurance
 - c. Death in service (not in line of duty)
 - i. State Police Death Benefit fund - up to \$18,000 to beneficiary.
 - ii. Meadows Insurance - individual policy - \$5,000 accident policy.
 - iii. State Police Association - \$5,000 natural death, \$10,000 accidental, \$2,500 family member.
 - d. Virginia Line-of-Duty Act (Section 2.1-133.7) - beneficiary[ies], and continued health insurance (Section 2.1-133.7:1)
 - e. Public Safety Officers' Benefit (federal) - if killed in line of duty.
 - f. Worker's Compensation (line of duty) - \$5,000 for funeral expenses and \$500 for transportation of remains.
 - g. Retirement and Worker's Compensation benefits - Title 51-156 of the Code of Virginia provides that the widow will receive an annual benefit amounting to one-half of the average final compensation of the employee (or one-third of the average final compensation plus social security). Title 65.2-65, the Worker's Compensation Act will provide a portion of that benefit for a period of 500 weeks. The beneficiary also receives a refund of the employee's retirement contributions.
 - h. Virginia Silver Star Foundation.
 - i. Veteran benefits - non-service connected death \$300 burial; service connected death \$1,500 burial expense; \$150 plot/interment allowance; \$85 headstone allowance.

- j. Military Reserve - Ready Reservists performing at least 12 periods of inactive duty training and Retired Reservists not receiving retired pay are eligible for up to \$100,000 in life insurance, provided premiums are paid (Public Law 93-289).
- k. SGLI Insurance which may have been converted after ETS.

IMPORTANT: ALWAYS KEEP BENEFICIARY INFORMATION UP TO DATE. FORMS AND ASSISTANCE FOR STATE BENEFITS ARE AVAILABLE THROUGH THE PERSONNEL DIVISION AT SPHQ.

DOCUMENTS REQUIRED FOR DEATH BENEFITS

VIRGINIA RETIREMENT SYSTEM:

VRS-30
Death Certificate (raised seal)
Birth Certificate
Deceased
Beneficiaries
Marriage Certificate
Newspaper accounting
Attending Physician's Report
Workers' Comp. Award
Social Security Award/Denial

WORKERS' COMPENSATION:

First Report of Injury (form 3)
Death Certificate
Birth Certificates
Deceased
Beneficiaries
Marriage Certificate
Funeral Statement
Autopsy Report

DEFERRED COMPENSATION:

Death Certificate (raised seal)
Withdrawal Request form

CUMULATIVE LIST:

Death Certificates (5 with raised seals)
Birth Certificates (4 with raised seals)
Deceased
Beneficiaries
Marriage Certificate (4 with raised seals)
Funeral Statement (3)
Medical Report (2 certified)
Autopsy Report (2 certified)
Investigative Report (2 certified)
Newspaper Accounting (3)
Names of Witnesses (2)

PUBLIC SAFETY OFFICERS BENEFIT:

Investigative Report (certified)
Death Certificate (raised seal)
Birth Certificates (raised seal)
Deceased
Beneficiaries
Marriage Certificate (raised seal)
Medical Report (certified)
Autopsy Report (certified)
Names of Witnesses

COMPTROLLER (LINE OF DUTY DEATHS):

Investigative Report (certified)
Death Certificate (raised seal)
Birth Certificate (raised seal)
Deceased
Beneficiaries
Marriage Certificate