



SURVIVORS GUIDE FOR MEMBERS AND THEIR FAMILIES

REVISED: 9/21/2018

Name _____ Date of Birth _____ SSN _____

This is a guide for you and your family to prepare for your passing. It allows you to gather all the documents your surviving loved ones will require to insure that all the benefits they are entitled to, and need, can be located quickly and efficiently. It will also provide the impetus to prepare the documents that are important.

YOUR VERY FIRST STEP MAY BE TO FIND ALL THE DOCUMENTS YOU NEED AND PUT THEM WHERE YOU ARE ABLE TO LOCATE THEM.

This may also help you to determine whether you should take action now to revise/consolidate some of your information (e.g. reduce the number of credit cards).

Contacts/Name	Phone Numbers	Location of Documents (Whether or not you have an attorney or an accountant.)
Attorney:		
Accountant :		
Executor :		
Primary Care Physician :		
Outstanding Litigation :		

I. Employee Related Benefits

Note: Pension Plans must be notified of the member/retiree's death as soon as possible.

<u>A. Pension Plan</u>	<u>Pension Number/ Membership #</u>	<u>Address/ Phone</u>	<u>Tier</u>	<u>Retirees Option Selected/ Beneficiary (ies)</u>	<u>Date and Place of Death? (If Deceased)</u>	<u>Physical Location of Documents</u>
New York City Employees Retirement System (NYCERS)		335 Adams Street Suite 2300 Brooklyn, NY 11201 (347)-643-3000 (877)-669-2377 (Out of NYC Only)				
Report other Pension Systems						



SURVIVORS GUIDE FOR MEMBERS AND THEIR FAMILIES

REVISED: 9/21/2018

Name _____ Date of Birth _____ SSN _____

B. Life Insurance	Address	Phone	Beneficiary(ies)	Document Location
1. Management Benefit Fund (MBF)	City Of New York Office of Labor Relations Health Benefits Program 40 Rector Street 3 rd Floor New York, NY 10006	1-212-306-7290/ 1-888-400-0623 (Out of NYC only)		
Note: Life Insurance for				
Active worker <65	\$50,000			
Active worker 65-69	\$34,000			
Active worker 70+	\$25,000			
Retirees	\$5,000			
2. Voluntary Group Universal Life Insurance (GUL)	Prudential	1-800- 562-9874		
C. Medicare Part B Reimbursement				

Note: Spouse Eligible to receive Part B Reimbursement for prior year and prorated amount for the year of death. Spousal Reimbursement stops at date of death.

D. Deferred Comp Plan
(457/403b)
*See Assets Section on Page 4

II. Life Insurance (Other than those with MBF listed in Section I as Employee Related above)

Company Name/Phone	Policy Number	Cash Value	Death Benefit	Beneficiary(ies) Name / Address Phone/Percent	Agent Contact Information	Physical Location of Documents



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Name _____ Date of Birth _____ SSN _____

III. Social Security Benefits

Social Security Number	Phone	Physical Location of Card
	Social Security must be notified to determine all available benefits-call 1-800-772-1213 or TTY 1-800-325-0778.	

IV. Military Status /Benefits

Type of Benefit	Policy #'s	Phone #	Physical Location of Documents
		Contact Veteran's Administration to determine all available benefits-call 1-800-827-1000	

V. Health Insurance (List all Policies)

Policy Holder	Policy #	Name of Company	Phone	Physical location of Policy/ Card

Note: Spouses/dependents of active/retired deceased workers eligible for COBRA under MBF benefits up to 3 years from the date of death for Health Insurance, Superimposed Major Medical, Dental, Vision and Drugs. Contact MBF for complete information. City Of New York Office of Labor Relations Health Benefits Program 40 Rector Street 3rd Floor New York, NY 10006 1-212-306-7290/1-888-400-0623 (Out of NYC only).



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VI. Assets

A. Cash (Savings, Checking, Money Market, CD'S)

Name of Bank or Institution	Type of Account	Account Number	Beneficiary(ies) Percent %	Associated Recurring Debits (If applicable)	Physical Location of Documents

B. Securities (Stocks, Bonds, Mutual Funds, Government Securities) including annuities, IRA's (ROTH, traditional, rollover) Deferred Comp (401k, 403b, and 457)

Institution	Broker's Name	Telephone	Address	Beneficiary(ies) Percent %	Account Number	Physical Location of Documents



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C. Other (e.g. Artwork, Jewelry, Timeshare)

Type – Description	Owner	Account Number	Physical Location of Asset/ Relevant Papers	Beneficiary(ies) Percent %

VII. Residence/Real Estate

Deeds

Primary Residence	Mortgage:	Second Mortgage:
Secondary Residence	Mortgage:	Second Mortgage:
Other	Mortgage:	Second Mortgage:
Other	Mortgage:	Second Mortgage:



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A. Real Estate (Owned Home, Properties)

Description and Location	Purchase Date	Purchase Price	*Real Estate Taxes	*Monthly Maintenance Fees	Name on Deed/Registered Owner	Physical Location of Documents*

*If a Co-op owner, state physical location of shareholder certificate.

B. Rental Property/Lease Agreements/ Co-op Maintenance Fees

Rental Address/Co-op	Landlord/Landlord's Address (Management Company)	Phone	Lease Expiration If applicable	Payment Amount/Monthly Maintenance*	Physical Location of Lease/Monthly Maintenance

*If an co-op owner, state monthly maintenance fee



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VIII Automobile(s)

A. Owned

Name(s) on Title	Year	Make	Model	Registration #	License Plate #	Location of Title	Any payments Due? If yes to whom?	Physical Location of Documents

B. Leased

Note: If the lease is in the decedent's name, and the lease agreement has not been co-signed by the decedent's spouse, you have the option to return the vehicle.

Name(s) on Lease	Year	Make	Model	License Plate Number/Registration Number	Lease Company	Lease Company Phone # /e-mail	Term Expiration	Payment Amount	Physical Location of Document



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IX. Other Insurance Policies (Check all applicable)

	Name	Policy #	Physical Location of Documents
<input type="checkbox"/> Disability			
<input type="checkbox"/> Property			
<input type="checkbox"/> Apartment			
<input type="checkbox"/> Umbrella			
<input type="checkbox"/> Long-term care			
<input type="checkbox"/> Automobile			
<input type="checkbox"/> Other			

X. Safe Deposit Box

Location (Bank Name/Institution Name and Address) Or location in home	
Box Number/Combination for home safe	
Other persons having access to box	
Location of Key	
Inventory of box contents/Insured? If Yes, provide entity and contact information	

Note: Use separate page if needed for inventory list

XI. Debit/ Credit Cards/Banks Cards



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(List all cards as well as indicate those that have Associated Recurring Charges)

Name on Card/Account	Name Issuer/Type	Account Number	Phone Number	Expiration Date	Identify Associated Recurring Charges (if applicable)

XII. Wills

A. Executor/Alternate Executor

	Name	Address/Phone/E-mail
Executor :		
Alternate:		
Trustee:		

B. Wills (Check all applicable)



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Location of Original	Address/Phone	Location of Copies	Executor
<input type="checkbox"/> Lawyer			
<input type="checkbox"/> Home			
<input type="checkbox"/> Other			

C. Trusts

Location of Original	Address/Phone	Location of Copies	Executor
<input type="checkbox"/> Lawyer			
<input type="checkbox"/> Home			
<input type="checkbox"/> Other			

XIII. Burial Instructions

Contact Name/Organization	Name	Address	Phone	Physical Location Of Document
Funeral Home				
Cemetery				
Organization/Association with burial arrangements				
Clergyman				

Note: Please notify funeral home, cemetery or burial association as soon as possible.



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Other instructions upon your death:

XIV. Other Relevant Documents

Physical Location of Documents

Adoption Papers	
Birth Certificate	
Change of Name Papers	
Citizenship Papers	
Divorce Papers	
Health Proxy	
Marriage Certificate	
Passport	
Power of Attorney	
Living Will	
Other	

Income Tax Return: Should retain for seven years

Physical Location of Documents

Federal:	
State/City:	



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Contracts and Other Service Agreements

Physical Location of Documents

Alarm:	
Cable TV:	
Cellphone :	
Computer/Internet:	
Electric:	
Gas:	
Magazines:	
Newspaper:	
Oil:	
Telephones: Land Line	
Water/Sewer:	
Other:	

Contracts and Other Service Agreements

Physical Location of Documents

XV. Account Passwords

Name of Account	Type Of Account	Account Number	User ID	Password
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XVI. Miscellaneous/Notes