

In Case of Emergency Guidebook:

How to find the information your family needs if anything happens to you.

Maybe you’ve seen it with your friends or other family members. A sudden illness or accident leaves loved ones scrambling to track down information on medical conditions, financial accounts, key to a lockbox, power of attorney documents, wills, and much more.

Failure to find this information can soon become a nightmare— especially if you’re unable to tell loved ones where to go for the information they need to help you.

The “In Case of Emergency Guidebook” helps give your family these crucial details just when they need them most.

Feel free to complete the entire Guidebook... or even only a portion. Many people approach it by filling out the information they know off the top of their head right away. Then they add in pertinent details as they receive statements or other paperwork

But regardless of your approach— your loved ones will probably agree that ANY information will be a big help when it comes to an emergency.

Important note: Please be sure to store this Guidebook in a secure place and inform a designated person of its location.

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Date completed updated: _____

Personal information

Your Name: _____

Data of Birth: _____/_____/_____ Soc.Sec. # _____

Spouse Name: _____

Data of Birth: _____/_____/_____ Soc.Sec. # _____

Living: Yes No If "no" date of death: _____/_____/_____

Current Address: _____

Your Phone: (_____) _____

(_____) _____

Spouse Phone: (_____) _____

(_____) _____

Family Information

Number of Children: _____

Number of living children: _____

Child #1:

Name: _____

Data of Birth: _____/_____/_____

Address: _____

Phone: (_____) _____

Spouse Name: _____

Spouse Phone: (_____) _____

Names of grandchildren: _____

Child #2

Name: _____

Data of Birth: _____/_____/_____

Address: _____

Phone: (_____)_____

Spouse Name: _____

Spouse Phone: (_____)_____

Names of grandchildren: _____

Child #3

Name: _____

Data of Birth: _____/_____/_____

Address: _____

Phone: (_____)_____

Spouse Name: _____

Spouse Phone: (_____)_____

Names of grandchildren: _____

Child #4

Name: _____

Data of Birth: _____/_____/_____

Address: _____

Phone: (_____)_____

Spouse Name: _____

Spouse Phone: (_____)_____

Names of grandchildren: _____

Child #5

Name: _____

Data of Birth: _____/_____/_____

Address: _____

Phone: (_____) _____

Spouse Name: _____

Spouse Phone: (_____) _____

Names of grandchildren: _____

Notes: _____

Passwords

Your personal cell phone: _____

Your desktop computer: _____

Your laptop computer: _____

You iPad or tablet: _____

Email 1: _____

Email2: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Do you keep a list of usernames and passwords?

For online accounts?..... Yes.....No

If "Yes" where is the list located? _____

Notes: _____

Medical Information

You

Spouse

Have you assigned a medical

Power of attorney?.....Yes No Yes No

If "yes," who is it? _____

Location of document: _____

Do you have a living will?.....Yes No Yes No

Location of document: _____

Do you have a "Do Not

Resuscitate" (DNR) document?.....Yes No Yes No

Location of document: _____

Are you an organ donor?.....Yes No Yes No

Do you have known allergies?.....Yes No Yes No

If "yes," please list: _____

Do you have diagnosed

Medical conditions?.....Yes No Yes No

If "yes," please list: _____

Do you currently take any

Medications?.....Yes No Yes No

If "yes," please complete the medication card contained in the back of this Guidebook

-----**Doctor Information**-----

Name of your primary doctor: _____

Your doctors address: _____

Your doctors phone: (_____) _____

Name of your spouse's primary doctor: _____

Spouse doctors address: _____

Spouse doctor's phone: (_____) _____

Name of your dentist: _____

Your dentist's address _____

Your dentist phone: (_____) _____

Name of your spouse's dentist: _____

Spouse dentist address: _____

Spouse dentist phone: (_____) _____

| | | | |
|--------------------------------|-----|-------------|-------------|
| | You | Your Spouse | |
| Do you see other doctors?..... | Yes | No | Yes No |

If "Yes," please list below:

Doctor #1:

| | |
|-----|-------------|
| You | Your Spouse |
|-----|-------------|

Doctor's Name: _____

Specialty: _____

Address: _____

Phone : (_____) _____

Doctor #2:

| | |
|-----|-------------|
| You | Your Spouse |
|-----|-------------|

Doctor's Name: _____

Specialty: _____

Address: _____

Phone : (_____) _____

Doctor #3:

You

Your Spouse

Doctor's Name: _____

Specialty: _____

Address: _____

Phone : (_____) _____

Doctor #4:

You

Your Spouse

Doctor's Name: _____

Specialty: _____

Address: _____

Phone : (_____) _____

-----**Pharmacy information**-----

Pharmacy's name: _____

Address: _____

Phone: (_____) _____

Notes: _____

Insurance Information

-----Health Insurance-----

Your Health Insurance:

Private Employer-sponsored Medicare

Medicare supplement Medicare Advantage Medicaid

Issuing company: _____

Policy owner: _____

Policy #: _____

Agent: _____

Do you have separate

Prescription drug coverage?.....Yes No

If "Yes," please answer below:

Issuing company: _____

Policy owner: _____

Policy #: _____

Agent: _____

Your spouse's Health Insurance:

Private Employer-sponsored Medicare

Medicare supplement Medicare Advantage Medicaid

Issuing company: _____

Policy owner: _____

Policy #: _____

Agent: _____

What Now! " Steps to take before and after the loss of a loved one"

Does your spouse have separate

Prescription drug coverage?.....Yes No

If "Yes," please answer below:

Issuing company:_____

Policy owner:_____

Policy #:_____

Agent:_____

-----Home Owners or Renters insurance-----

Issuing company:_____

Policy owner:_____

Policy #:_____

Agent:_____

-----Auto insurance-----

Issuing company:_____

Policy owner:_____

Policy #:_____

Agent:_____

-----Life insurance-----

PLAN 1

Type: Term Whole Variable

Universal Final Expense

Issuing company:_____

Policy owner:_____

Policy #:_____

Agent:_____

What Now! "Steps to take before and after the loss of a loved one"

PLAN 2

Type: Term Whole Variable
 Universal Final Expense

Issuing company: _____

Policy owner: _____

Policy #: _____

Agent: _____

PLAN 3

Type: Term Whole Variable
 Universal Final Expense

Issuing company: _____

Policy owner: _____

Policy #: _____

Agent: _____

PLAN 4

Type: Term Whole Variable
 Universal Final Expense

Issuing company: _____

Policy owner: _____

Policy #: _____

Agent: _____

-----**Long Term care insurance**-----

Plan 1

Issuing company: _____

Policy owner: _____

Policy #: _____

Agent: _____

Plan 2

Issuing company: _____

Policy owner: _____

Policy #: _____

Agent: _____

-----**Other insurance coverage**-----

Plan 1

Issuing company: _____

Policy owner: _____

Policy #: _____

Agent: _____

Plan 2

Issuing company: _____

Policy owner: _____

Policy #: _____

Agent: _____

Plan 3

Issuing company: _____

Policy owner: _____

Policy #: _____

Agent: _____

Plan 4

Issuing company: _____

Policy owner: _____

Policy #: _____

Agent: _____

Notes: _____

Financial Information

Do you have a financial professional?.....Yes No

Financial professional's name:_____

Firm's name:_____

Address:_____

Phone: (_____) _____

Have you assigned Financial Power of

Attorney?.....Yes No

If "Yes," who is it?_____

Location of document:_____

Do you have a safe deposit box?.....Yes No

Location of box:_____

Box #:_____

Location of key:_____

-----**-Non Interest-bearing bank accounts-**-----

(Example cash account, checking account)

Account 1

Type:_____

Bank Name:_____

Account owner:_____

Account 2

Type:_____

Bank Name:_____

Account owner:_____

Account 3

Type: _____

Bank Name: _____

Account owner: _____

Account 4

Type: _____

Bank Name: _____

Account owner: _____

-----**Interest-bearing bank accounts**-----

(Example savings account, certificate of deposit (CD's) money market account)

Account 1

Type: _____

Bank Name: _____

Account owner: _____

Account 2

Type: _____

Bank Name: _____

Account owner: _____

Account 3

Type: _____

Bank Name: _____

Account owner: _____

Account 4

Type: _____

Bank Name: _____

Account owner: _____

-----**Tax-advantage savings accounts**-----

(Example: IRAs, SEP's, pensions, 401(k), annuities, other qualified savings accounts)

Account 1

Type: _____

Financial institution: _____

Account owner: _____

Account 2

Type: _____

Financial institution: _____

Account owner: _____

Account 3

Type: _____

Financial institution: _____

Account owner: _____

Account 4

Type: _____

Financial institution: _____

Account owner: _____

-----**Stocks, bonds, and mutual funds**-----

Account 1

Type: _____

Financial institution: _____

Account owner: _____

Account 2

Type: _____

Financial institution: _____

Account owner: _____

Account 3

Type: _____

Financial institution: _____

Account owner: _____

Account 4

Type: _____

Financial institution: _____

Account owner: _____

-----**Home and Vehicle**-----

Do you own your home or rent?.....Own Rent

If you own your home, how are property taxes paid?

You pay They're handled through your mortgage

Do you have a mortgage?.....Yes No

Mortgage institution:_____

How is mortgage paid?

Check mailed Online payment Automatic payment each month

Do you have a home equity loan or

Home equity line of credit?.....Yes No

Loan 1

Type: Home equity loan Home equity line of credit

Mortgage institution:_____

How is loan paid?

Check mailed Online payment Automatic payment each month

Loan 2

Type: Home equity loan Home equity line of credit

Mortgage institution:_____

How is loan paid?

Check mailed Online payment Automatic payment each month

Do you have a car loan?.....Yes No

Car Loan 1

Financial institution:_____

How is loan paid?

Check mailed Online payment Automatic payment each month

Car Loan 1

Financial institution: _____

How is loan paid?

Check mailed

Online payment

Automatic payment each month

-----Credit cards/debit cards-----

CARD 1

Type: Credit Debit

Account holder: _____

Financial institution: _____

CARD 2

Type: Credit Debit

Account holder: _____

Financial institution: _____

CARD 3

Type: Credit Debit

Account holder: _____

Financial institution: _____

CARD 4

Type: Credit Debit

Account holder: _____

Financial institution: _____

Tax Information

Do you have an accountant?.....Yes No

Accountant name: _____

Firm's name: _____

Address: _____

Phone (_____) _____

Location of past tax returns: _____

Military Service

Branch of Service:

Army Navy Air Force Marines

Coast Guard USPHS Other: _____

Service #: _____

Date of Entry into active duty: ____/____/____

Date of separation: ____/____/____

Place of separation: _____

Location of certified discharge papers: _____

Important Documents

Will..... You Your Spouse

Location of will:_____

Do you have a trust?.....Yes No

Type: Living Testamentary Revocable Irrevocable

Attorney or financial professional who set it up:_____

Trust name:_____

Location of documents:_____

Current passport.....You Your Spouse

Location of passports:_____

Social Security card.....You Your Spouse

Location of Social Security card_____

Marriage certificate.....Yes No

Location of marriage certificate_____

Birth certificate.....You Your Spouse

Location of birth certificate_____

Death certificate.....Yes No

Location of death certificate_____

What Now! "Steps to take before and after the loss of a loved one"

Vehicle titles.....Yes No

Location of titles_____

Divorce decrees.....Yes No

Location of divorce decrees_____

Final Wishes

Would you prefer to be:

Buried Cremated Other:_____

Would you spouse prefer to be:

Buried Cremated Other:_____

If you prefer burial, have you purchased

A plot in a cemetery?.....Yes No

Cemetery name:_____

Address:_____

Phone (_____)_____

Have you already made pre-paid

Arrangements with a funeral home?.....Yes No

If "yes," please complete:

Funeral home name:_____

Address:_____

Phone (_____)_____

What Now! “ Steps to take before and after the loss of a loved one”

Please share any preference you may have regarding a funeral, celebration of life, pallbearers, officiant, or other wishes: _____

Notes: _____

Current Medication list

Name: _____

Last update: _____

| Medicine | Dosage | Frequency | Doctor |
|----------|--------|-----------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Current Medication list

Name: _____

Last update: _____

| Medicine | Dosage | Frequency | Doctor |
|----------|--------|-----------|--------|
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Current Medication list

Name: _____

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| Medicine | Dosage | Frequency | Doctor |
|----------|--------|-----------|--------|
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Current Medication list

Name: _____

Last update: _____

| Medicine | Dosage | Frequency | Doctor |
|----------|--------|-----------|--------|
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Vaccinations

Dates of flu shots: _____

Dates of COVID vaccinations: _____

Dates of shingles vaccinations: _____

Vaccinations

Dates of flu shots: _____

Dates of COVID vaccinations: _____

Dates of shingles vaccinations: _____

Vaccinations

Dates of flu shots: _____

Dates of COVID vaccinations: _____

Dates of shingles vaccinations: _____
