

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, keys 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 may 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: _____

Date of birth: _____ Soc. Sec. #: _____

Spouse's name: _____

Date of birth: _____ Soc. Sec. #: _____

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

Current address: _____

Your phone: _____

Spouse's phone: _____

Family information

Number of children: _____

Number of living children: _____

CHILD #1:

Name: _____

Date of birth: _____

Address: _____

Phone: _____

Spouse's name: _____

Spouse's phone: _____

Names of grandchildren: _____

CHILD #2:

Name: _____

Date of birth: _____

Address: _____

Phone: _____

Spouse's name: _____

Spouse's phone: _____

Names of grandchildren: _____

CHILD #3:

Name: _____

Date of birth: _____

Address: _____

Phone: _____

Spouse's name: _____

Spouse's phone: _____

Names of grandchildren: _____

CHILD #4:

Name: _____

Date of birth: _____

Address: _____

Phone: _____

Spouse's name: _____

Spouse's phone: _____

Names of grandchildren: _____

CHILD #5:

Name: _____

Date of birth: _____

Address: _____

Phone: _____

Spouse's name: _____

Spouse's phone: _____

Names of grandchildren: _____

Notes:

Passwords

Your personal cell phone: _____

Your desktop computer: _____

Your laptop computer: _____

Your iPad or tablet: _____

Email 1: _____

Email 2: _____

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

Your 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 doctor's address: _____

Your doctor's phone: _____

Name of spouse's primary doctor: _____

Spouse's doctor's address: _____

Spouse's doctor's phone: _____

Name of your dentist: _____

Your dentist's address: _____

Your dentist's phone: _____

Name of spouse's dentist: _____

Spouse's dentist's address: _____

Spouse's dentist's 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 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 Medicaid

Issuing company: _____

Policy owner: _____

Policy #: _____

Agent: _____

Does your spouse have separate prescription drug coverage? Yes No

If "yes," please answer below:

Issuing company: _____

Policy owner: _____

Policy #: _____

Agent: _____

————— **Homeowners 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: _____

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

Type of insurance: _____

Issuing company: _____

Policy owner: _____

Policy #: _____

Agent: _____

PLAN 2

Type of insurance: _____

Issuing company: _____

Policy owner: _____

Policy #: _____

Agent: _____

PLAN 3

Type of insurance: _____

Issuing company: _____

Policy owner: _____

Policy #: _____

Agent: _____

PLAN 4

Type of insurance: _____

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

(Ex. 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 —————
(Ex. savings account, certificates of deposit (CDs), 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-advantaged savings accounts

(Ex. IRAs, SEPs, 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 them They're handled through your mortgage

Do you have a mortgage? Yes No

Mortgage institution: _____

How is the 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 the 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 the 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 the loan paid?

Check mailed Online payment Automatic payment each month

CAR LOAN 2

Financial institution: _____

How is the loan paid?

Check mailed Online payment Automatic payment each month

————— Credit cards/debit cards —————

CARD 1

Type: Credit card Debit card

Account holder: _____

Financial institution: _____

CARD 2

Type: Credit card Debit card

Account holder: _____

Financial institution: _____

CARD 3

Type: Credit card Debit card

Account holder: _____

Financial institution: _____

CARD 4

Type: Credit card Debit card

Account holder: _____

Financial institution: _____

Tax information

Do you have an accountant? Yes No

Accountant's 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 cards: _____

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: _____

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 your spouse prefer to be:

Buried Cremated Other: _____

If you prefer burial, have you purchased a plot in a cemetery? Yes No

If "yes," please complete:

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: _____

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

Notes:

Vaccinations

Dates of flu shots:

Dates of COVID vaccinations:

Dates of shingles vaccinations:



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