

Protect Your

FAMILY



Dear I.U.P.A. Members,

Every day we hear about the awful tragedies of one individual or many and every time I hear about them I take a long hard look into my life make sure my loved ones are cherished and protected. I'd like to pass that onto the I.U.P.A. Members and recommend how you can also provide the same to your loved ones.

In our P.U.N. magazine, Fall 2016, our Secretary-Treasurer, Hugh Cameron, brought to our attention research that proclaims 43% of U.S. consumers have no life insurance coverage. Another point, the Life Insurance Management Research Association found that 70% of U.S. households with children under 18 years old would have trouble meeting everyday expenses if the person with the primary income were to pass away or become disabled. Personally, I feel that issue would extend to all families no matter what the family unit looks like.

In addition, according to LexisNexis, a computer-assisted legal research corporation, 55% of American adults do not have a "will" or other "estate" plans in place. Probate time frames can range from 6 months to 2 years based on whether the "will" is simple or complicated.

More importantly, FEMA reported that 60% of Americans are not prepared for disasters. Whether it's a natural disaster or an untimely personal tragedy. That's a staggering number and unfortunately families go through many stages of recovering from tragedies. So, in order to be better prepared and make those transitions less stressful and to enable I.U.P.A. Members with their loved ones, to return to some normalcy and economic livelihood sooner than later, I.U.P.A. has created this "Protect Your Family" information booklet.

It is for private use only and it should be stored in a water and fire proof safe. You should maintain it when policy changes occur such as, medical, financial, insurance, as well as, personal life changes. Always inform your loved ones where it can be found. I'm very confident that once you begin this process you'll be feeling much better about your loved one's future.

Fraternally,

A handwritten signature in black ink that reads "Sam A Cabral". The signature is written in a cursive, flowing style.

International President

Vital Statistics and Historical Data

Full Name _____ Phone _____
Address _____
City _____ County _____
State _____ Zip _____ Birthdate _____ Birthplace _____
Single _____ Married _____ Widowed _____ Divorced _____
Soc Sec No. _____
Union Local _____ No. _____
Employed By (retired from) _____ Job Title _____

Father's Name _____
Birthplace _____ DOB _____ DOD _____
Address _____
City _____ County _____
State _____ Zip _____

Mother's Maiden Name _____
Birthplace _____ DOB _____ DOD _____
Address _____
City _____ County _____
State _____ Zip _____

Spouse Vital Statistics & Historical Data

Full Name _____
Address _____
City _____ County _____
State _____ Zip _____ Social Security Number _____
Birthplace _____ DOB _____ DOD _____
Contact information: Email _____ Phone _____

Divorced Spouse Vital Statistics & Historical Data (If Applicable)

Full Name _____
Address _____
City _____ County _____
State _____ Zip _____ Social Security Number _____
Birthplace _____ DOB _____ DOD _____
Contact information: Email _____ Phone _____

Last Will and Testament

I have Prepared My Will: Husband _____ Wife _____
My Attorney Is _____ City _____ Phone _____
Executor/Executrix _____ Relationship _____ Phone _____
Papers Are On File: Where _____
Location _____

Living Will

I have Prepared My Will: Husband _____ Wife _____
My Attorney Is _____ City _____ Phone _____
Executor/Executrix _____ Relationship _____ Phone _____
Papers Are On File: Where _____
Location _____

Power of Attorney - Medical

I have Prepared My Will: Husband _____ Wife _____
My Attorney Is _____ City _____ Phone _____
Relationship _____ Phone _____
Papers Are On File: Where _____
Location _____

Power of Attorney - Financial

I have Prepared My Will: Husband _____ Wife _____
My Attorney Is _____ City _____ Phone _____
Relationship _____ Phone _____
Papers Are On File: Where _____
Location _____

Estate Information

Insurance	Company	Policy Number	Amount
Life	_____	_____	\$ _____
Phone	_____	_____	\$ _____
Group Coverage	_____	_____	\$ _____
Hospital & Medical	_____	_____	\$ _____

Location of Property Deeds, Ownership Titles

Funeral Service Requests

Funeral Home _____
Address _____ City _____ State _____
Church Denomination _____ Minister _____
Mass: Yes__ No__ Memorial Service: Yes__ No__
Place of Service: Church__ Other__
I Prefer: Burial__ Mausoleum__ Cremation__ I Have Purchased Lots: Yes__ No__
My Choice of Cemetery Is _____ Location _____

If Interment is to Be Elsewhere: Funeral Home _____
Address _____
City _____ State _____ Phone _____
Jewelry: Yes__ No__ Clothing: My Own__ New__ / Casual__ Formal__
Special Instructions: (Cancel deceased voter registration and driver license)

Person To be in Charge of Final Arrangements

Name _____ Phone _____
Address _____
City _____ State _____ Zip _____

Persons to be Notified

In The Event of an Emergency, Please Notify The Following People to Assist in Any Further Arrangements. (Relatives, Friends, Neighbors)

Name _____ Relationship _____ Phone _____
Address _____
City _____ State _____ Zip _____

Name _____ Relationship _____ Phone _____
Address _____
City _____ State _____ Zip _____

Financial Institution Information

Name of Institution _____ Phone _____
Address _____
City _____ State _____ Zip _____
Account Number _____ Checking/Share__ Draft__ Savings__

Name of Institution _____ Phone _____
Address _____
City _____ State _____ Zip _____
Account Number _____ Checking/Share__ Draft__ Savings__

Safe Deposit Box

Name of Institution _____ Phone _____
Address _____
City _____ State _____ Zip _____

Credit Card Information

Name of Credit Card	Account Number	Exact Name on Card
_____	_____	_____
_____	_____	_____
_____	_____	_____

Storage Unit

Name of Institution _____ Phone _____
Address _____
City _____ State _____ Zip _____

Historical Internet Data

Online Site	Username	Passwords
_____	_____	_____
_____	_____	_____
_____	_____	_____

Transactional Online Sites

Online Site	Username	Passwords
_____	_____	_____
_____	_____	_____
_____	_____	_____

Credit Card Information: _____
Credit Card Information: _____

Other Important Contacts

	Name of Contact	Company Name	Phone #
1.	_____	_____	_____
	Reason: _____		
2.	_____	_____	_____
	Reason: _____		

Children Information and Historical Data

Full Name _____
Address _____
City _____ County _____
State _____ Zip _____ Social Security Number _____
Birthplace _____ DOB _____ DOD _____

Full Name _____
Address _____
City _____ County _____
State _____ Zip _____ Social Security Number _____
Birthplace _____ DOB _____ DOD _____

Full Name _____
Address _____
City _____ County _____
State _____ Zip _____ Social Security Number _____
Birthplace _____ DOB _____ DOD _____

Care of Minors or Pets

Name	Provisions
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Family Death Follow-up Checklist

1. Send Thank you cards.
2. Notify insurance companies & file claims
 - Life Insurance
 - Medical
 - Retirement benefits
 - Home owners
 - Car insurance
3. Apply for appropriate benefits
 - Social Security (1-800-772-1213)
 - Veterans burial & survivor (1-800-827-1000)
 - Pension
 - Workmen's compensation
4. Notify accountant/tax preparer/estate lawyer & provide
 - Provide certified Death Certificate
 - Filed tax return forms
 - Current earnings & dividend statements
5. Notify Stockbroker
 - Change ownership of stocks
 - Cancel any open orders by the deceased
 - IRA & retirement accounts
 - Transfer bonds
6. Notify Bank
 - Change jointly held accounts & Tax ID numbers
 - Cancel deceased direct deposits
 - Re-establish title of safe deposit box
 - Re-establish all outstanding mortgages, personal notes, etc.
 - Apply for any credit life which may exit on loans, credit cards, & mortgages
7. Notify Department of Motor Vehicles to transfer titles of all registered vehicles, mobile homes and boats
8. If a will must be probated, you may need to contact your attorney. Your name may also need revision.
9. Transfer all real estate properties
 - Apply for widowed person's Homestead Exemption
 - File Death Certificate



The International Union of Police Associations

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