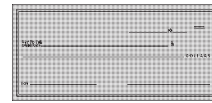


MY SU7



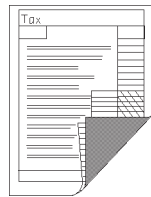
Retiree

Handbook



Personal

Organizer



This Personal Organizer Belongs To:

Name _____
and _____
Address _____
Phone _____



NYSUT Retiree Council: _____
Contact Person _____
Address _____
Phone _____

Local Union Chapter:

Contact Person _____
Address _____
Phone _____

My Employer (or Last Employer):

Contact Person _____
Address _____
Phone _____

Spouse/Domestic Partner's Employer (or Last Employer):

Contact Person _____
Address _____
Phone _____

Attorney:
Name _____
Address _____
Phone _____

Accountant:
Name _____
Address _____
Phone _____

Other Contacts:
Area/Title _____
Name _____
Address _____
Phone _____

Area/Title _____
Name _____
Address _____
Phone _____

NOTES

**PENSIONS/INVESTMENTS/SAVINGS/
INCOME**



Social Security:

Local Social Security Office

Address _____

Phone _____

My SS# _____

Estimated Monthly Survivor Benefit _____

Death Benefit _____

Spouse/Domestic Partner SS# _____

Estimated Monthly Survivor Benefit _____

Death Benefit _____

Pensions:

Employer _____
Contact Person _____
Address _____

Phone _____
Option Selected _____

Employer _____
Contact Person _____
Address _____

Phone _____
Option Selected _____

Employer _____
Contact Person _____
Address _____

Phone _____
Option Selected _____

Veterans' Benefits:

VA Office _____
Contact _____
Address _____

Phone _____
G.I.# _____

Deferred Compensation (*e.g.* 401-K, 403-B or 457 plans):

Plan Administrator _____

Address _____

Phone _____

NOTES

Annuity Plan:

Company _____
Representative _____
Address _____

Phone _____

Savings Account(s):

Bank _____
Office/Contact _____
Address _____

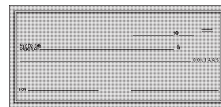
Phone _____
Account Title _____
Account # _____
Passbook Location _____

Bank _____
Office/Contact _____
Address _____

Phone _____
Account Title _____
Account # _____
Passbook Location _____

Checking Account(s):

Bank _____
Office/Contact _____
Address _____



Phone _____
Account Title _____
Account # _____
Checkbook Location _____

Bank _____
Office/Contact _____
Address _____

Phone _____
Account Title _____
Account # _____
Checkbook Location _____

Credit Union(s):

Credit Union _____
Office/Contact _____
Address _____

Phone _____
Account Title _____
Savings Account # _____
Passbook Location _____

Credit Union _____
Office/Contact _____
Address _____

Phone _____
Account Title _____

Checking Account # _____
Checkbook Location _____

Savings Certificates:

Bank/Credit Union _____
Office/Contact _____
Address _____

Phone _____
Certificate Title _____
Certificate # _____ Maturity Date _____
Passbook Location _____

Bank/Credit Union _____
Office/Contact _____
Address _____

Phone _____
Certificate Title _____
Certificate # _____ Maturity Date _____
Certificate Location _____

Bank/Credit Union _____
Office/Contact _____
Address _____

Phone _____
Certificate Title _____
Certificate # _____ Maturity Date _____
Certificate Location _____

NOTES



Stocks and Bonds:

Brokerage Firm _____
Broker _____
Address _____

Phone _____

Name or Type of Bond _____
Serial # _____ Face Value _____
Bond Location _____

Name or Type of Bond _____
Serial # _____ Face Value _____
Bond Location _____

Name of Stock _____
Stock Location _____
Number of Shares _____

Name of Stock _____
Stock Location _____
Number of Shares _____

Name of Stock _____
Stock Location _____
Number of Shares _____

Name of Stock _____
Stock Location _____
Number of Shares _____

Mutual Fund _____
Account # _____
Account Title _____

Mutual Fund _____
Account # _____
Account Title _____

NOTES

Individual Retirement Accounts (IRAs):

Company _____

Contact Person _____

Address _____

Phone _____

Account # _____

Account Title _____

Company _____

Contact Person _____

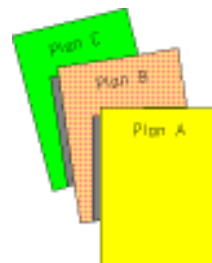
Address _____

Phone _____

Account # _____

Account Title _____

NOTES



Safety Deposit Box:

Bank _____

Office/Contact _____

Address _____

Phone _____

Account Title _____

Box/Key # _____

Key Location _____

Person(s) Authorized to Open Box _____

Box Contents

NOTES

Other Assets:

Item	Value	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTES

INSURANCE COVERAGE



You can purchase NYSUT's group-rate term life Insurance up to age 65, or NYSUT's Senior Term Life Insurance between the ages of 65 and 84.

My Life Insurance:

Employer Plan _____
Agent/Contact _____
Address _____

Phone _____

Amount _____ Policy Number _____

Beneficiary _____

Policy Location _____

Other Insurance Policy(ies):

Company _____

Agent/Contact _____

Address _____

Phone _____

Amount _____ Policy Number _____

Beneficiary _____

Policy Location _____

Company _____

Agent/Contact _____

Address _____

Phone _____

Amount _____ Policy Number _____
Beneficiary _____
Policy Location _____
Company _____
Agent/Contact _____
Address _____
Phone _____

Amount _____ Policy Number _____
Beneficiary _____
Policy Location _____

Spouse/Domestic Partner's Life Insurance:

Employer Plan _____
Agent/Contact _____
Address _____
Phone _____

Amount _____ Policy Number _____
Beneficiary _____
Policy Location _____

Other Insurance Policy(ies):

Company _____
Agent/Contact _____
Address _____
Phone _____

Amount _____ Policy Number _____
Beneficiary _____

Policy Location _____
Company _____
Agent/Contact _____
Address _____

Phone _____
Amount _____ Policy Number _____
Beneficiary _____
Policy Location _____

Company _____
Agent/Contact _____
Address _____

Phone _____
Amount _____ Policy Number _____
Beneficiary _____
Policy Location _____



Health and Disability Insurance:
NYSUT offers a Catastrophe Major Medical plan that supplements health insurance coverage, including Medicare.

Company _____
Agent/Contact _____
Address _____

Phone _____
Amount _____ Policy Number _____
Beneficiary _____

Policy Location _____

Company _____

Agent/Contact _____

Address _____

Phone _____

Amount _____ Policy Number _____

Beneficiary _____

Policy Location _____



Homeowners Policy:

NYSUT offers policies for home, apartment, co-op and condominium ownership or rental.

Company _____

Agent/Contact _____

Address _____

Phone _____

Amount _____ Policy Number _____

Beneficiary _____

Policy Location _____



Auto Insurance:

NYSUT's auto insurance provides competitive rates, quality service and access to roadside assistance.

Car # 1

Company _____

Agent/Contact _____

Address _____

Phone _____
Vehicle # _____ Make _____
Policy # _____
Policy Location _____

Car # 2
Company _____
Agent/Contact _____
Address _____

Phone _____
Vehicle # _____ Make _____
Policy # _____
Policy Location _____

Car # 3
Company _____
Agent/Contact _____
Address _____

Phone _____
Vehicle # _____ Make _____
Policy # _____
Policy Location _____

NOTES

DEEDS, TITLES AND CREDIT



Home

Mortgage Company _____
Office/Contact _____
Address _____

Phone _____
Mortgage Title _____
Mortgage # _____
Monthly Payment _____ Due Date _____
Title Location _____

Other Property:

Site _____ Lot # _____
Address _____

Mortgage Company _____
Office/Contact _____
Address _____

Phone _____
Mortgage Title _____
Mortgage # _____
Monthly Payment _____ Due Date _____
Title Location _____

Site _____ Lot # _____
Address _____

Mortgage Company _____
Office/Contact _____
Address _____

Phone _____
Mortgage Title _____
Mortgage # _____
Monthly Payment _____ Due Date _____
Title Location _____

NOTES

Gravesite(s):

Self
Cemetery _____
Contact _____
Address _____
Phone _____
Site _____ Lot # _____
Title Location _____

Spouse/Domestic Partner
Cemetery _____
Contact _____
Address _____
Phone _____
Site _____ Lot # _____
Title Location _____

Automobile Titles:

Car # 1
Vehicle # _____ Make _____
Registration _____ Monthly Payment _____
Lender _____
Agent _____
Address _____
Phone _____
Policy # _____
Title Location _____

Car # 2
Vehicle # _____ Make _____

Registration _____ Monthly Payment _____

Lender _____

Agent _____

Address _____

Phone _____

Policy # _____

Title Location _____

NOTES

Credit Cards:

Company _____

Card # _____ Phone _____

Account Title _____

Expiration Date _____

Company _____

Card # _____ Phone _____

Account Title _____

Expiration Date _____

Company _____

Card # _____ Phone _____

Account Title _____

Expiration Date _____

Company _____

Card # _____ Phone _____

Account Title _____

Expiration Date _____

Company _____

Card # _____ Phone _____

Account Title _____

Expiration Date _____

Additional Cards:



NOTES



Personal Debts:

Amount _____ Payment Due _____
Account Number _____
Company or Individual Owed _____
Address _____
Phone _____

Amount _____ Payment Due _____
Account Number _____
Company or Individual Owed _____
Address _____
Phone _____

Amount _____ Payment Due _____
Account Number _____
Company or Individual Owed _____
Address _____
Phone _____

Other Debts:

Item	Amount	Payment Due
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTES

MEMORIAL ARRANGEMENTS

Self:

Funeral Home _____

Contact _____

Address _____

Phone _____

Body Cremated By _____

Phone _____

Body Donated To _____

Phone _____

Organ Donations To _____

Phone _____

Location of Signed Donor Cards _____

Cemetery _____

Phone _____

Lot _____

Memorial Services:

Funeral At _____

Phone _____

Religious Services _____

Phone _____

Memorial At _____

Phone _____

NOTES (Leave suggestions for obituary such as important dates, education, awards, special recognition, organizations, offices held, etc.)

Spouse/Domestic Partner:

Funeral Home _____

Contact _____

Address _____

Phone _____

Body Cremated By _____

Phone _____

Body Donated To _____

Phone _____

Organ Donations To _____

Phone _____

Location of Signed Donor Cards _____

Cemetery _____

Phone _____

Lot _____

Memorial Services:

Funeral At _____

Phone _____

Religious Services _____

Phone _____

Memorial At _____

Phone _____

NOTES (Leave suggestions for obituary such as important dates,
education, awards, special recognition, organizations, offices held, etc.)

WILLS AND PERSONAL EFFECTS



NYSUT's Legal Service Plan provides one free simple Will each year of plan enrollment.

My Will

Dated _____

Location _____

Executor/Executrix _____

Address _____

Phone _____

Attorney _____

Address _____

Phone _____

Spouse/Domestic Partner's Will

Dated _____

Location _____

Executor/Executrix _____

Address _____

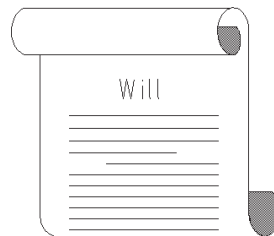
Phone _____

Attorney _____

Address _____

Phone _____

NOTES



My Durable Power of Attorney

Dated _____
Location _____

Representative _____
Address _____

Phone _____

Representative _____
Address _____

Phone _____

Spouse/Domestic Partner's Durable Power of Attorney

Dated _____
Location _____

Representative _____
Address _____

Phone _____

Representative _____
Address _____

Phone _____

NOTES

My Health Care Proxy

Dated _____

Location _____

Representative _____

Address _____

Phone _____

Representative _____

Address _____

Phone _____

Spouse/Domestic Partner's Health Care Proxy

Dated _____

Location _____

Representative _____

Address _____

Phone _____

Representative _____

Address _____

Phone _____

NOTES

Important Papers

Birth Certificate(s)

Location _____

Marriage/Divorce Certificates

Location _____

Citizenship Papers

Location _____

Military Papers

Location _____

Tax Records

Location _____

Passport

Other

