THE INSURANCE ORGANIZER
Your safe deposit box is not the best place to keep your insurance policies. Most financial experts agree it’s better if you keep them in your home file where they are handy. But, they also say that you should keep a full description of your policies in your safe deposit box, just in case they are ever lost or destroyed.

This Insurance Organizer includes all of the information you’ll need about your policies for your safe deposit box. Then, if they are lost or destroyed, you’ll have everything your insurance companies will need to replace your policies quickly.

Like most guidelines, there’s an exception to this one too. If you have an annuity, or other certificate or policy which describes retirement income benefits, keep it in your safe deposit box. This is particularly important if it describes vested retirement benefits from an old employer who you left years ago. For your convenience, you may also want to keep a photocopy of it in your home file.

Finally, as you go through your policies, check your homeowners or renters insurance policy to see if it covers your negotiable bearer bonds or other valuables while they are in your safe deposit box. If they aren’t, ask your bank if their insurance covers, at full market value, everything valuable which you keep in your box. If it doesn’t, we recommend that you add supplemental coverage to your own policy.
Use this page for all Life Insurance (Individual, Employee, Union and Retiree Group Life), Accidental Death Insurance and Travel Accident Insurance

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<th>Type of Policy</th>
<th>Policy Number</th>
<th>Face Amount $</th>
<th>Issue Date</th>
<th>Expiration or Maturity Date</th>
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<td>Policy Owner</td>
<td>Beneficiaries</td>
<td>Premium Due = $</td>
<td>How Frequently?</td>
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Type of Policy ____________________________ Policy Number ____________________________

If this is a single premium immediate or deferred annuity, the original cost = $__________

Monthly Benefit $__________ Issue Date ___________ Maturity Date ___________

Covered Person __________________________ Policy Owner __________________________

Beneficiaries ____________________________

Premium Due = $__________ How Frequently? ____________________________

Insurance Company Name/Address __________________________________________

________________________________________ Phone ________________ Agent Name/Address ________________

________________________________________ Phone ________________

Type of Policy ____________________________ Policy Number ____________________________

If this is a single premium immediate or deferred annuity, the original cost = $__________

Monthly Benefit $__________ Issue Date ___________ Maturity Date ___________

Covered Person __________________________ Policy Owner __________________________

Beneficiaries ____________________________

Premium Due = $__________ How Frequently? ____________________________

Insurance Company Name/Address __________________________________________

________________________________________ Phone ________________ Agent Name/Address ________________

________________________________________ Phone ________________

Type of Policy ____________________________ Policy Number ____________________________

If this is a single premium immediate or deferred annuity, the original cost = $__________

Monthly Benefit $__________ Issue Date ___________ Maturity Date ___________

Covered Person __________________________ Policy Owner __________________________

Beneficiaries ____________________________

Premium Due = $__________ How Frequently? ____________________________

Insurance Company Name/Address __________________________________________

________________________________________ Phone ________________ Agent Name/Address ________________

________________________________________ Phone ________________

Type of Policy ____________________________ Policy Number ____________________________

If this is a single premium immediate or deferred annuity, the original cost = $__________

Monthly Benefit $__________ Issue Date ___________ Maturity Date ___________

Covered Person __________________________ Policy Owner __________________________

Beneficiaries ____________________________

Premium Due = $__________ How Frequently? ____________________________

Insurance Company Name/Address __________________________________________

________________________________________ Phone ________________ Agent Name/Address ________________

________________________________________ Phone ________________
### His Primary Health, Medical or MEDICARE Insurance:

<table>
<thead>
<tr>
<th>Issue Date</th>
<th>Policy or Plan Number</th>
<th>Premium Due = $</th>
<th>How Frequently?</th>
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If MEDICARE, Date of Enrollment | Medicare Insurance #

Name and Address of Insurance Company

Name and Address of Insurance Agent

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### His Supplemental Health or Medical Insurance:

| Issue Date | Premium Due = $ | How Frequently? |

Name and Address of Insurance Company

Name and Address of Insurance Agent

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### Other Supplemental Health or Medical Insurance:

| Issue Date | Premium Due = $ | How Frequently? |

Name and Address of Insurance Company

Name and Address of Insurance Agent

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### His Long-Term Care (Nursing Home) Insurance:

| Covered Person(s) | Daily Benefit = $ |

Issue Date | Premium Due = $ | How Frequently? |

Waiting Period | Name and Address of Insurance Company

Name and Address of Insurance Agent
Her Primary Health, Medical or MEDICARE Insurance:
Issue Date ________________  Policy or Plan Number _______________________
Premium Due = $ ______________  How Frequently? __________________________
If MEDICARE, Date of Enrollment ________________  Medicare Insurance # ______________
Name and Address of Insurance Company ____________________________________________
__________________________  Phone ______________
Name and Address of Insurance Agent ____________________________________________
__________________________  Phone ______________

Her Supplemental Health or Medical Insurance:  Policy or Plan Number _______________________
Issue Date ________________  Premium Due = $ ______________  How Frequently? ______________
Name and Address of Insurance Company ____________________________________________
__________________________  Phone ______________
Name and Address of Insurance Agent ____________________________________________
__________________________  Phone ______________

Other Supplemental Health or Medical Insurance:  Policy or Plan Number _______________________
Issue Date ________________  Premium Due = $ ______________  How Frequently? ______________
Name and Address of Insurance Company ____________________________________________
__________________________  Phone ______________
Name and Address of Insurance Agent ____________________________________________
__________________________  Phone ______________

Other Supplemental Health or Medical Insurance:  Policy or Plan Number _______________________
Issue Date ________________  Premium Due = $ ______________  How Frequently? ______________
Name and Address of Insurance Company ____________________________________________
__________________________  Phone ______________
Name and Address of Insurance Agent ____________________________________________
__________________________  Phone ______________

Her Long-Term Care (Nursing Home) Insurance:  Policy or Plan Number _______________________
Covered Person(s) ________________  Daily Benefit = $ ______________
Issue Date ________________  Premium Due = $ ______________  How Frequently? ______________
Waiting Period ________________  Name and Address of Insurance Company ____________________________________________
__________________________  Phone ______________
Name and Address of Insurance Agent ____________________________________________
__________________________  Phone ______________
DISABILITY INCOME INSURANCE

Policy Number ____________________ Waiting Period Before Benefits Begin ____________________
Covered Person(s) ____________________ Monthly Benefit = $__________
Issue Date ___________ Premium Due = $__________ How Frequently? ____________________
Name and Address of Insurance Company ____________________________________________ Phone ____________________
Name and Address of Insurance Agent ____________________________________________ Phone ____________________

Policy Number ____________________ Waiting Period Before Benefits Begin ____________________
Covered Person(s) ____________________ Monthly Benefit = $__________
Issue Date ___________ Premium Due = $__________ How Frequently? ____________________
Name and Address of Insurance Company ____________________________________________ Phone ____________________
Name and Address of Insurance Agent ____________________________________________ Phone ____________________

HMO OR PPO HEALTH CARE PLAN

Plan Name ____________________ Plan Name ____________________
Address ____________________ Address ____________________
_________________________ Phone ____________________ ________ Phone ____________________
Plan ID# ____________________ Plan ID# ____________________
Covered Person(s) ____________________ Covered Person(s) ____________________

OTHER LIFE, ACCIDENT, HEALTH, MEDICAL AND DENTAL INSURANCE

Type of Policy ____________________ Policy Number ____________________
Covered Person(s) ____________________ Benefit Amount = $__________
Issue Date ___________ Premium Due = $__________ How Frequently? ____________________
Name and Address of Insurance Company ____________________________________________ Phone ____________________
Name and Address of Insurance Agent ____________________________________________ Phone ____________________

Type of Policy ____________________ Policy Number ____________________
Covered Person(s) ____________________ Benefit Amount = $__________
Issue Date ___________ Premium Due = $__________ How Frequently? ____________________
Name and Address of Insurance Company ____________________________________________ Phone ____________________
Name and Address of Insurance Agent ____________________________________________ Phone ____________________
# Licensed Drivers in Our Family

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<thead>
<tr>
<th>Name</th>
<th>Drivers License Number</th>
<th>State Issued In</th>
<th>Expires On</th>
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**AUTO** (for which car) ___________________________ Policy Number ___________________________

Insured Driver(s) ___________________________

Next Renewal Date __________ Renewal Period ___________ Last Premium Paid $________

Deductible $________ Name and Address of Insurance Company ___________________________

__________________________________________ Phone __________________

Name and Address of Insurance Agent ___________________________

__________________________________________ Phone __________________

**AUTO** (for which car) ___________________________ Policy Number ___________________________

Insured Driver(s) ___________________________

Next Renewal Date __________ Renewal Period ___________ Last Premium Paid $________

Deductible $________ Name and Address of Insurance Company ___________________________

__________________________________________ Phone __________________

Name and Address of Insurance Agent ___________________________

__________________________________________ Phone __________________

**AUTO** (for which car) ___________________________ Policy Number ___________________________

Insured Driver(s) ___________________________

Next Renewal Date __________ Renewal Period ___________ Last Premium Paid $________

Deductible $________ Name and Address of Insurance Company ___________________________

__________________________________________ Phone __________________

Name and Address of Insurance Agent ___________________________

__________________________________________ Phone __________________
OTHER PROPERTY AND CASUALTY INSURANCE

BOAT (Describe) ___________________________ Policy Number _______________________
Next Renewal Date ______________ Renewal Period ______________ Last Premium Paid $_______
Deductible $_________ Name and Address of Insurance Company _______________________
________________________________ Phone _______________________
Name and Address of Insurance Agent ________________________________________
________________________________ Phone _______________________

BOAT (Describe) ___________________________ Policy Number _______________________
Next Renewal Date ______________ Renewal Period ______________ Last Premium Paid $_______
Deductible $_________ Name and Address of Insurance Company _______________________
________________________________ Phone _______________________
Name and Address of Insurance Agent ________________________________________
________________________________ Phone _______________________

Homeowners or Renters (address?) ______________________ Policy Number __________________
Next Renewal Date ______________ Renewal Period ______________ Last Premium Paid $_______
Deductible $_________ Name and Address of Insurance Company _______________________
________________________________ Phone _______________________
Name and Address of Insurance Agent ________________________________________
________________________________ Phone _______________________

Homeowners or Renters (address?) ______________________ Policy Number __________________
Next Renewal Date ______________ Renewal Period ______________ Last Premium Paid $_______
Deductible $_________ Name and Address of Insurance Company _______________________
________________________________ Phone _______________________
Name and Address of Insurance Agent ________________________________________
________________________________ Phone _______________________

Personal Liability: Coverage Amount $ ________________ Policy Number __________________
Next Renewal Date ______________ Renewal Period ______________ Last Premium Paid $_______
Deductible $_______ Name and Address of Insurance Company _______________________
________________________________ Phone _______________________
Name and Address of Insurance Agent ________________________________________
________________________________ Phone _______________________


### MISCELLANEOUS INSURANCE POLICIES

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<th>Other:</th>
<th>Type of Policy</th>
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<th>Next Renewal Date</th>
<th>Renewal Period</th>
<th>Last Premium Paid</th>
<th>Deductible</th>
<th>Name and Address of Insurance Company</th>
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Name and Address of Insurance Agent

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## Employee or Union Pension, Profit-Sharing and Deferred Compensation Plans

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<thead>
<tr>
<th>Employer's or Union's Name Address and Phone</th>
<th>Type of Plan</th>
<th>Benefits are Payable To Whom</th>
<th>Are there Survivor Benefits</th>
<th>Starting Date for Benefits</th>
<th>Vested</th>
<th>Vested Lump Sum</th>
<th>Vested Monthly Income</th>
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