
THE INSURANCE ORGANIZER

SENIOR SOLUTIONS OF AMERICA, INC.

www.TodaysSeniors.com

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ORGANIZING YOUR INSURANCE POLICIES

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 home-owners 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

Type of Policy _____ **Policy Number** _____
Face Amount \$ _____ **Issue Date** _____ **Expiration or Maturity Date** _____
Insured Person _____ **Policy Owner** _____
Beneficiaries _____
Premium Due = \$ _____ **How Frequently?** _____
Name and Address of Insurance Company _____

Phone _____
Name and Address of Insurance Agent _____

Phone _____

Type of Policy _____ **Policy Number** _____
Face Amount \$ _____ **Issue Date** _____ **Expiration or Maturity Date** _____
Insured Person _____ **Policy Owner** _____
Beneficiaries _____
Premium Due = \$ _____ **How Frequently?** _____
Name and Address of Insurance Company _____

Phone _____
Name and Address of Insurance Agent _____

Phone _____

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Face Amount \$ _____ **Issue Date** _____ **Expiration or Maturity Date** _____
Insured Person _____ **Policy Owner** _____
Beneficiaries _____
Premium Due = \$ _____ **How Frequently?** _____
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Phone _____
Name and Address of Insurance Agent _____

Phone _____

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Face Amount \$ _____ **Issue Date** _____ **Expiration or Maturity Date** _____
Insured Person _____ **Policy Owner** _____
Beneficiaries _____
Premium Due = \$ _____ **How Frequently?** _____
Name and Address of Insurance Company _____

Phone _____
Name and Address of Insurance Agent _____

Phone _____

Type of Policy _____ **Policy Number** _____
Face Amount \$ _____ **Issue Date** _____ **Expiration or Maturity Date** _____
Insured Person _____ **Policy Owner** _____
Beneficiaries _____
Premium Due = \$ _____ **How Frequently?** _____
Name and Address of Insurance Company _____
_____ **Phone** _____
Name and Address of Insurance Agent _____
_____ **Phone** _____

Type of Policy _____ **Policy Number** _____
Face Amount \$ _____ **Issue Date** _____ **Expiration or Maturity Date** _____
Insured Person _____ **Policy Owner** _____
Beneficiaries _____
Premium Due = \$ _____ **How Frequently?** _____
Name and Address of Insurance Company _____
_____ **Phone** _____
Name and Address of Insurance Agent _____
_____ **Phone** _____

Type of Policy _____ **Policy Number** _____
Face Amount \$ _____ **Issue Date** _____ **Expiration or Maturity Date** _____
Insured Person _____ **Policy Owner** _____
Beneficiaries _____
Premium Due = \$ _____ **How Frequently?** _____
Name and Address of Insurance Company _____
_____ **Phone** _____
Name and Address of Insurance Agent _____
_____ **Phone** _____

Type of Policy _____ **Policy Number** _____
Face Amount \$ _____ **Issue Date** _____ **Expiration or Maturity Date** _____
Insured Person _____ **Policy Owner** _____
Beneficiaries _____
Premium Due = \$ _____ **How Frequently?** _____
Name and Address of Insurance Company _____
_____ **Phone** _____
Name and Address of Insurance Agent _____
_____ **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 _____

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:

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 _____

His 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 _____

His 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 _____

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

Name	Drivers License Number	State Issued In	Expires On

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 _____

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 _____

Other: Type of Policy _____ 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 _____

Other: Type of Policy _____ 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 _____

Other: Type of Policy _____ 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 _____

Other: Type of Policy _____ 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 _____

Other: Type of Policy _____ 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 _____

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

Employer's or Union's Name Address and Phone	Type of Plan	Benefits are Payable To Whom	Are there Survivor Benefits	Starting Date for Benefits	Vested Lump Sum	Vested Monthly Income
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

This page was updated on _____