

Plan Your Care

Use this comprehensive overview to gather important personal information and care planning details.

After you complete the information below, give copies to your significant other, children, or a trusted friend for safekeeping. Update this information annually as account information, logins, and passwords change.

Personal

Important contacts:

Name	Relationship	Phone

Are there any pets in the home? Yes No

Pet name(s) _____

Name of veterinarian _____

Pet sitter contact information _____

Medical

Doctor name: _____ Phone: _____

Doctor name: _____ Phone: _____

Insurance

List all insurances below, including companies and policy numbers. These may include Medicare, Medicaid, Medicare Supplement, dental, life, vision, hearing, auto insurance, etc.

Insurance Name	Type	Policy Number	Phone

Healthcare proxy or durable medical power of attorney in place? Yes No

If yes, where is the document located? _____

Advance directives? Yes No

If yes, where are the documents located? _____

Accountant

Name: _____ Phone: _____

Name: _____ Phone: _____

Health Savings Account

Institution Name	Phone	Online Username and Password

Financial

Financial institution/Bank:

Institution/Bank Name	Account Number	Phone	Online Username and Password

Investment/Retirement:

Company Name	Account Number	Phone	Online Username and Password

Mortgage:

Company Name	Phone	Online Username and Password

Car loan:

Company Name	Phone	Online Username and Password

Credit cards:

Company Name	Phone	Online Username and Password

Student loans:

Company Name	Phone	Online Username and Password

Personal loans:

Company Name	Phone	Online Username and Password

Legal

Attorney:

Firm Name	Contact Name	Phone	Email

Does a last will and testament exist? Yes No

If yes, where is a copy of this document located? _____

Who is the executor of your will? _____

Important Documents

Provide the locations of any applicable documents:

Birth certificate _____

Marriage certificate _____

Tax returns _____

Citizenship papers _____

Divorce decree _____

Custodial papers _____

Adoption papers _____

Trust agreements _____

Other _____

Have you purchased a burial plot? Yes No

If yes, list the contact information of the cemetery:

Cemetery Name	Plot Number	Address	Phone

Do you have a list of funeral wishes? Yes No

If yes, where is the plan located? _____