



Compass Rose
Benefits Group



Prepare Your Family for the Unexpected

Important Information
My Family Should Know

Table of Contents

Introduction 3

Personal Information 4

Emergency Contacts 5

Important Contacts 6-9

Financial Information 10-12

Retirement Information 13

Health Insurance 14

Life Insurance 15

Real Estate 16

Personal Property 17

Utilities 18

Account Information 19

Trust, Will, and Final Wishes 20



Life is full of the unexpected.

You never know when a life-changing event will happen, but you can have a plan to help prepare. In addition to creating a living will and advance care directive, gathering important documents and information can help ease the burden on your loved ones should something happen to you.

If you are reading this and panicking because you either don't have your important information in order, no need to worry — we can help. For 75 years, Compass Rose Benefits Group has served select federal employees, retirees and their families. We go beyond what you can expect from an insurance company by helping our members as they age with our Aging Well program.



How to Use This Guidebook

The purpose of this document is to prepare your loved ones with the information they may need to successfully care for you as you age, or in the case of an emergency.

Designate one or two members of your close circle, whether family, friends or an advisor to have access to this information.

Where to Store This Information

As this document will have sensitive information, such as passwords and bank account information, ***be sure to store this in a safe, locked cabinet or saved digitally on a password protected device.***

Keeping Your Information Up to Date

Make sure the information in this document is updated every 3-6 months. If your passwords or finances change, it is important to update this document at the same time, so it maintains its accuracy.

How Aging Well Can Help

At Compass Rose, we know that finding the right services as you age can be a daunting task. A lot of planning and decisions are necessary to make the most of your retirement years, which is why we have a team of dedicated professionals to support you through our Aging Well program.

Aging Well is a free service to our members that helps them live a healthy and safe life. From education and resources to assistance in developing a personal aging well strategy, we are committed to helping our members achieve what is most important to them.

It isn't easy to make plans for end-of-life care. However, for your benefit and your loved ones, it is important to consider the steps you can take while you are able to make the appropriate decisions.

Date Completed _____

Personal Information

Attach copies of the following documents:

- ☐ Social Security Card
- ☐ Birth certificate
- ☐ Marriage license
- ☐ Driver's license

Home Address

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Marital Status

- ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Spouse's Name _____

Spouse's Contact _____

Emergency Contacts

Primary Emergency Contact

Name _____ Relationship _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Secondary Emergency Contact

Name _____ Relationship _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Medical Contacts

Primary Physician

Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone _____

Additional Provider

Name _____ Specialty _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone _____

Additional Provider

Name _____ Specialty _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone _____

Dentist

Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone _____

Personal Contacts

Religious Leader

Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone _____ Email _____

Veterinarian

Name _____ Pet's Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone _____ Email _____

Immediate Supervisor

Name _____ Company _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone _____ Email _____

Spouse's Supervisor

Name _____ Company _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone _____ Email _____

Business & Financial Contacts

Attorney

Name _____
Address Line 1 _____
Address Line 2 _____
City _____ State _____ Zip _____
Phone _____ Email _____

Accountant

Name _____
Address Line 1 _____
Address Line 2 _____
City _____ State _____ Zip _____
Phone _____ Email _____

Banker

Name _____
Address Line 1 _____
Address Line 2 _____
City _____ State _____ Zip _____
Phone _____ Email _____

Broker

Name _____
Address Line 1 _____
Address Line 2 _____
City _____ State _____ Zip _____
Phone _____ Email _____

Other Contacts

Include memberships, organizations and charities.

Additional Contact 1

Name _____ Type _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone _____ Email _____

Additional Contact 2

Name _____ Type _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone _____ Email _____

Additional Contact 3

Name _____ Type _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone _____ Email _____

Bank Accounts

Include information regarding checking, savings and credit cards from traditional banks, as well as any additional accounts like Venmo, Zelle, Apple Pay, Chime or PayPal.

Bank

Institution _____ Account Number _____
Type of Account (savings, checking, etc.) _____ Pin _____
Account Holder _____
Account Holder _____
Username _____ Password _____

Bank

Institution _____ Account Number _____
Type of Account (savings, checking, etc.) _____ Pin _____
Account Holder _____
Account Holder _____
Username _____ Password _____

Bank

Institution _____ Account Number _____
Type of Account (savings, checking, etc.) _____ Pin _____
Account Holder _____
Account Holder _____
Username _____ Password _____

Bank Accounts

Bank

Institution _____ Account Number _____

Type of Account (savings, checking, etc.) _____ Pin _____

Account Holder _____

Account Holder _____

Username _____ Password _____

Bank

Institution _____ Account Number _____

Type of Account (savings, checking, etc.) _____ Pin _____

Account Holder _____

Account Holder _____

Username _____ Password _____

Safety Deposit Box

Institution _____ Box Number _____

Key Location _____ Accessible by _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Contents _____

Income Taxes

Location of Tax Returns or Records _____

Additional Information _____

Investments

Bonds Portfolio

Name of Broker _____

Phone _____ Email _____

Username _____ Password _____

Investment Account

Institution _____ Account Number _____

Balance _____ as of _____

Username _____ Password _____

Beneficiary Name _____

Cryptocurrency Account

Institution _____ Account Number _____

Balance _____ as of _____

Username _____ Password _____

Beneficiary Name _____

Retirement Account

Institution _____ Account Number _____

Balance _____ as of _____

Username _____ Password _____

Beneficiary Name _____

Social Security

Number _____ Benefit Amount _____

Username _____ Password _____

Retirement Information

Retirement Details

I am a Federal ☐ employee ☐ annuitant ☐ spouse annuitant

Date of Retirement _____

Check all that apply:

- ☐ Civil Service Retirement System (CSRS)
- ☐ Civil Service Annuitant (CSA)
- ☐ Federal Employees Group Life Insurance (FEGLI)
- ☐ Federal Employees Retirement System (FERS)
- ☐ Thrift Savings Plan (TSP)

Information for Accounts Checked Above

Account Type _____ Account Number _____

Username _____ Password _____

Additional Info _____

Account Type _____ Account Number _____

Username _____ Password _____

Additional Info _____

Account Type _____ Account Number _____

Username _____ Password _____

Additional Info _____

Military Service

Military ID Number _____ Branch _____

Dates of Service _____ Rank _____

Location of Record of Military Service (DD 214) _____

Health Insurance

Medicare

ID Number _____ Group Number _____
Username _____ Password _____
Payment Amount _____ Due Date _____

Health Insurance

Insurer _____ Primary Member _____
ID Number _____ Group Number _____
Username _____ Password _____
Payment Amount _____ Due Date _____

Dental

Insurer _____ Primary Member _____
ID Number _____ Group Number _____
Username _____ Password _____
Payment Amount _____ Due Date _____

Vision

Insurer _____ Primary Member _____
ID Number _____ Group Number _____
Username _____ Password _____
Payment Amount _____ Due Date _____

Long Term Care Insurance

Insurer _____ Account Number _____
Username _____ Password _____
Payment Amount _____ Due Date _____

Life Insurance

Life Insurance

Company Name _____

Contact _____

Policy Number _____ Coverage Amount _____

Payment Amount _____ Due Date _____

Username _____ Password _____

Beneficiary _____

Life Insurance

Company Name _____

Contact _____

Policy Number _____ Coverage Amount _____

Payment Amount _____ Due Date _____

Username _____ Password _____

Beneficiary _____

Other Insurance (Disability, Short- and Long-Term Leave)

Company Name _____

Contact _____

Policy Number _____ Coverage Amount _____

Payment Amount _____ Due Date _____

Username _____ Password _____

Beneficiary _____

Real Estate

Owned Property

Owners _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Location of Deed _____ Property Value _____

Mortgage Lender _____ Policy Number _____

Payment Amount _____ Due Date _____

Location of Tax Documents _____

Insurance _____ Policy Number _____

Payment Amount _____ Due Date _____

Location of Policy _____

HOA _____

Payment Amount _____ Due Date _____

Leased Property

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Name of Lessor _____ Location of Lease _____

Rent _____ Expiration Date _____

Phone _____ Email _____

Renter's Insurance _____ Policy Number _____

Payment Amount _____ Due Date _____

Location of Policy _____

Personal Property

Vehicle

Make _____ Model _____ Year _____
License Plate _____ Vin Number _____
Title Location _____ Keys Location _____
Registration _____
Insurance Company _____ Policy Number _____
Payment Amount _____ Due Date _____
Contact _____
Loan Company _____ Account Number _____
Username _____ Password _____

Vehicle

Make _____ Model _____ Year _____
License Plate _____ Vin Number _____
Title Location _____ Keys Location _____
Registration _____
Insurance Company _____ Policy Number _____
Payment Amount _____ Due Date _____
Contact _____
Loan Company _____ Account Number _____
Username _____ Password _____

Other Property (Car, Boat, RV, Timeshare, Storage Unit, etc.)

Details _____

Utilities

Gas

Company _____ Account Number _____
Username _____ Password _____
Due Date _____

Water

Company _____ Account Number _____
Username _____ Password _____
Due Date _____

Electric

Company _____ Account Number _____
Username _____ Password _____
Due Date _____

Cable

Company _____ Account Number _____
Username _____ Password _____
Due Date _____

Internet

Company _____ Account Number _____
Username _____ Password _____
Due Date _____

Phone

Company _____ Account Number _____
Username _____ Password _____
Due Date _____

Account Information

Email

Address _____ Password _____

Phone

Number _____ Password _____

Apple ID/Google Play

ID _____ Password _____

Facebook

Username _____ Password _____

Instagram

Username _____ Password _____

Gym Membership

Gym Name _____ Contact _____

Address _____

Other Accounts

Type _____

ID _____ Password _____

Type _____

ID _____ Password _____

Type _____

ID _____ Password _____

Trust, Will and Final Wishes

Trust

Will Location _____ Date _____

Law Firm _____ Attorney _____

Phone _____ Email _____

Executor Name _____

Phone _____ Email _____

Trust Funds

You may wish to seek the advice of your attorney and investment counselor to determine if establishing a Trust Fund would be beneficial. There are many types of Trust Funds for various purposes and each must be done by an attorney. Just remember that if you are setting up a trust fund and want your employee benefits to be paid into the trust, then you must update your beneficiary forms to reflect this.

Living Will or Health Care Power of Attorney

Individuals may also wish to execute a living will or health care power of attorney that instructs family members and physicians what steps you may want taken should you become unable to make health care decisions for yourself. Since copies of these documents may not be accepted by a physician, you should ensure that signed originals be given to your private physician, your family members and possibly your attorney.

☐ Living Will Attached

Final Wishes

Attach your official legal Last Will and Testament to relay your final wishes.

☐ Last Will and Testament Attached

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Compass Rose Benefits Group

We hope that you and your family find this to be a valuable resource in your Aging Well plan.

Want to know more about how Compass Rose Aging Well can help you? Visit us online at compassrosebenefits.com/AgingWell.

Contact Aging Well



Call us

(866) 368-7227 (option 6)
9AM-5PM EST, M-F



Email us

agingwell@compassrosebenefits.com

