

# Getting Your Affairs in Order

## Insurance Policies- Pg 1

### Health & Medical Insurance Policies

List primary health care insurance, major medical, Medicare, Medicaid, short prescription, critical illness, vision, dental, long-term care, and other policies. Add additional sheets if needed.

Person(s) Insured	Policy Type	Policy Number	Insurance Company
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

### Health Insurance Policy Digital Log-in & Password

Web Address	Log-in Name	Password
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

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## Insurance Policies- Pg 3

### Property & Casualty Insurance Policies

Owners of property carry insurance for different kinds of risk. These include fire, wind, liability, theft, etc. In this section, list your insurance policies (real estate, farm, motor vehicle, personal liability, other property, and any other insurance. Add additional sheets if needed.

Description of Property	Policy Type	Policy Number	Insurance Company
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

### Property & Casualty Insurance Policy Digital Log-in & Password

Web Address	Log-in Name	Password
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

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## Insurance Policies- Pg 2

### Life Insurance Policies

List life insurance policies, including term, whole, or universal coverage. Include policy numbers, beneficiaries, coverage amounts, and contact information for each provider. Add additional sheets if needed.

Person(s) Insured	Policy Type	Policy Number	Insurance Company
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

### Policy Beneficiaries

List policy beneficiaries corresponding with the policies noted above.

1. _____
2. _____
3. _____
4. _____
5. _____

### Insurance Policy Digital Log-in & Password

Web Address	Log-in Name	Password
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

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## Insurance Policies- Pg 4

### Other Insurance Policies

List other insurance policies including final expense, prepaid funeral, pet, and identity theft. Add additional sheets if needed.

Person(s) Insured	Policy Type	Policy Number	Insurance Company
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

### Health Insurance Policy Digital Log-in & Password

Web Address	Log-in Name	Password
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		