BlueCross BlueShield of Oklahoma



Important Documents Checklist

Blue Cross and Blue Shield of Oklahoma has prepared this suggested list of key personal documents everyone should gather, then keep somewhere secure like a bank lock box or home vault. Be sure at least one trusted family member, friend and/or lawyer, estate planner, or financial adviser has a copy. Update this list at least once a year. Consider telling your doctor, insurance company, and others that need permission to divulge your personal data that you have designated another person to speak for you if you cannot speak for yourself.

Insurance

Include information for each individual policy. This is also a good time to look at the policy and decide whether you want to change any of the terms, including beneficiaries.

Home or renters insurance	
Name of insurance company:	Policy number:
Address:	
Phone:	Broker's name:
Account password:	
Vehicle Insurance	
Name of insurance company:	Policy number:
Address:	
Phone:	Broker's name:
Account password:	
Name of insurance company:	Policy number:
Address:	
Phone:	Broker's name:
Account password:	

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Health Insurance

Name of insurance company:	Policy number:
Address:	
Phone:	Broker's name:
Account password:	
Name of insurance company:	Policy number:
Address:	
Phone:	Broker's name:
Account password:	

Life Insurance

Name of insurance company:	Policy number:
Address:	
Phone:	Broker's name:
Account password:	
Name of insurance company:	Policy number:
Address:	
Phone:	Broker's name:
Account password:	

Long-term Insurance

Name of insurance company:	Policy number:
Address:	
Phone:	Broker's name:
Account password:	
Name of insurance company:	Policy number:
Address:	
Phone:	Broker's name:
Account password:	

Disability Insurance	
Name of insurance company:	Policy number:
Address:	
Phone:	Broker's name:
Account password:	
Name of insurance company:	Policy number:
Address:	
Phone:	Broker's name:
Account password:	

Financial information

Checking/savings account(s)	
Name of financial institution:	
Address:	
Phone:	Account number:
Name(s) listed on the account:	
Account password:	
Name of financial institution:	
Address:	
Phone:	Account number:
Name(s) listed on the account:	
Account password:	
Name of financial institution:	
Address:	
Phone:	Account number:
Name(s) listed on the account:	
Account password:	

Credit/debit card account(s)

Name of financial institution:	
Address:	
Phone:	Account number:
Name(s) listed on the account:	
Account password:	
Name of financial institution:	
Address:	
Phone:	Account number:
Name(s) listed on the account:	
Account password:	

Brokerage account(s) including stocks, bonds, mutual funds

Name of financial institution:	
Address:	
Phone:	Account number:
Name(s) listed on the account:	
Beneficiaries:	
Account password:	
Name of financial institution:	
Address:	
Phone:	Account number:
Name(s) listed on the account:	
Beneficiaries:	
Account password:	

401(k)

Name of financial institution:	
Address:	
Phone:	Account number:
Name(s) listed on the account:	
Beneficiaries:	
Account password:	

Name of financial institution:	
Address:	
Phone:	Account number:
Name(s) listed on the account:	
Beneficiaries:	
Account password:	

IRA

Name of financial institution:	
Address:	
Phone:	Account number:
Name(s) listed on the account:	
Beneficiaries:	
Account password:	

Name of financial institution:	
Address:	
Phone:	Account number:
Name(s) listed on the account:	
Beneficiaries:	
Account password:	

Keogh

Name of financial institution:	
Address:	
Phone:	Account number:
Name(s) listed on the account:	
Beneficiaries:	
Name of financial institution:	
Address:	
Phone:	Account number:
Name(s) listed on the account:	
Beneficiaries:	

Credit union

Name of financial institution:	
Address:	
Phone:	Account number:
Name(s) listed on the account:	
Beneficiaries:	
Account password:	

Tax information

Where to find last year's tax return

Where to find proof of tax paid

Proof of income

Include pay stubs, contracts, divorce decrees, and any other document proving income.

Government benefits such as Social Security, disability, veterans' pay, etc.
Name of payor:
Account number:
Payment amount:
When checks arrive (e.g. first of each month):
Name of payor:
Account number:
Payment amount:
When checks arrive (e.g. first of each month):
Name of payor:
Account number:
Payment amount:
When checks arrive (e.g. first of each month):

State/local/federal government retirement account(s)
Name of payor:
Account number:
Payment amount:
When checks arrive (e.g. first of each month):
Name of payor:
Account number:
Payment amount:
When checks arrive (e.g. first of each month):

Profit sharing/pension plans

Name of payor:

Account number:

Payment amount:

When checks arrive (e.g. first of each month):

Name of payor:

Account number:

Payment amount:

When checks arrive (e.g. first of each month):

Alimony received

Name of payor:

Account number:

Payment amount:

When checks arrive (e.g. first of each month):

Child support received

Name of payor:

Account number:

Payment amount:

When checks arrive (e.g. first of each month):

Other income

Name of payor:

Account number:

Payment amount:

When checks arrive (e.g. first of each month):

Financial obligations

Include copies of contracts, loan documents, divorce decrees, or other paperwork that spells out how much you owe and when the money is due.

Mortgage or rent	
Money owed to:	
Address:	
Phone:	Account number:
Payment amount:	Date due:

Utilities (gas, electric, water, cable)	
Money owed to:	
Address:	
Phone:	Account number:
Payment amount:	Date due:
Money owed to:	
Address:	
Phone:	Account number:
Payment amount:	Date due:
Money owed to:	
Address:	
Phone:	Account number:
Payment amount:	Date due:
Money owed to:	
Address:	
Phone:	Account number:
Payment amount:	Date due:
Money owed to:	
Address:	
Phone:	Account number:
Payment amount:	Date due:

Car payment

Money owed to:	
Address:	
Phone:	Account number:
Payment amount:	Date due:
Money owed to:	
Address:	
Phone:	Account number:
Payment amount:	Date due:

Student loan(s)

Money owed to:	
Address:	
Phone:	Account number:
Payment amount:	Date due:
Money owed to:	
Address:	
Phone:	Account number:
Payment amount:	Date due:

Alimony owed

Money owed to:	
Address:	
Phone:	Account number:
Payment amount:	Date due:

Child support owed

Money owed to:	
Address:	
Phone:	Account number:
Payment amount:	Date due:

Elder care facilities

Money owed to:	
Address:	
Phone:	Account number:
Payment amount:	Date due:
Money owed to:	
Address:	
Phone:	Account number:
Payment amount:	Date due:

Cell phone

Money owed to:	
Address:	
Phone:	Account number:
Payment amount:	Date due:
Money owed to:	
Address:	
Phone:	Account number:
Payment amount:	Date due:

Other

Money owed to:	
Address:	
Phone:	Account number:
Payment amount:	Date due:
Money owed to:	
Address:	
Phone:	Account number:
Payment amount:	Date due:

Assets

If you have formal appraisal documents for your most valuable assets, such as your home, jewelry, furs, and coins, include a note about where to find those documents. If you don't have an appraisal, estimate the value of your assets and list them below.

Asset	Estimated Value

Legal documents

Make a copy of these, put them in one folder, and then tell someone where the folder is kept. Put the original documents in a lock box or safe deposit box.

Location of lockbox or safe deposit key or combination

- ☐ Wills
- ☐ Trust documents
- ☐ Power of attorney/durable power of attorney
- ☐ Financial power of attorney
- ☐ Living will/advanced directive
- ☐ Health care power of attorney
- ☐ Car title(s)
- ☐ Mortgage or deed to your house
- ☐ Other property titles (boat, etc.)
- ☐ Lease/rental agreements
- ☐ Passport/immigration/citizenship papers
- ☐ Partnership agreements
- ☐ Drivers license
- ☐ Health insurance ID card(s)
- ☐ Birth certificate(s)
- ☐ Marriage license
- ☐ Divorce decree
- ☐ Military discharge papers
- ☐ Contracts
- ☐ List of medications

Important contacts

Doctor
Name:
Address:
Phone:
Specialty:
Name:
Address:
Phone:
Specialty:
Name:
Address:
Phone:
Specialty:

Attorney(s)
Name:
Address:
Phone:
Specialty:
Name:
Address:
Phone:
Specialty:

Insurance agent(s)

Name:

Address:

Phone:

Specialty:

Name:

Address:

Phone:

Specialty:

Name:

Address:

Phone:

Specialty:

Name:

Address:

Phone:

Specialty:

Accountant(s)

Name:

Address:

Phone:

Name:

Address:

Phone:

Banker(s)

Name:

Address:

Phone:

Name:

Address:

Phone:

Veterinarian

Name:

Address:

Phone:

Clergy

Name:

Address:

Phone:

Health care proxy

Name:

Address:

Phone: