## **Bereavement Preparation Checklist**

Please review this document annually with your spouse and/or designated Beneficiary to assure the information is current and Jetnet Password is up to date. Call your Local 591 MAP/EAP Representative who will be your first point of contact and will provide you with the necessary information before Contacting Human Resources.

## Create A Folder With The Following Information.

Passwords to "ALL" accounts and account numbers. (Bank, AA credit union, 401K, Jetnet, etc.) Employee Number. Current Jetnet Password. 401K information. Driver's License/ Organ Donor Information. Passport. Will (Signed and Executed). Enhanced Pre-Retirement Survivor Annuity Form ( if applicable) Family Data. Beneficiaries. Medical Insurance information ( Current and updated Annually) AA Travelers List for A9 Travel.
To claim Social Security Survivor's Benefits.
Government Issued Photo ID.  DD214. Social Security Card. Birth Certificates of both the Deceased & Surviving Dependents'. Death Certificate (if applicable). Marriage Certificate (if Applicable). Divorce Decree (if Applicable). Direct Deposit information pertaining to your financial institution.

## Please review this document and keep on file.

Will
<ul> <li>☐ I have completed my Will and listed:</li> <li>☐ Durable Power of Attorney for Financial and Medical, and back-up person(s)</li> <li>☐ Custody of child(ren) and back-up person</li> <li>☐ Distribution of assets and personal items</li> <li>☐ The Will is signed, notarized, and a copy has been given to those listed.</li> <li>☐ My copy of my Will is located:</li> </ul>
Living Will & Other Determination Letters
<ul> <li>☐ I have completed my Living Will</li> <li>☐ Medical Power of Attorney and back-up person.</li> <li>☐ Advance Directives.</li> <li>☐ Additional information and notice to your doctor.</li> <li>☐ Discussed your wishes family and friends.</li> <li>☐ Discussed or written down the type of funeral or memorial service you desire and any instructions about burial or cremation.</li> <li>☐ I have considered where and how I would like to be cared for if I were terminal ill and discussed this with those closest to me.</li> <li>☐ All documents are signed, notarized (if Necessary), and a copy has been given those listed. (Check appropriate state for requirements).</li> </ul>
Life Insurance
<ul> <li>☐ I have researched Life Insurance options and if necessary purchased the appropriate insurance plan for me and/or my family.</li> <li>☐ A copy of my policy is located here:</li></ul>
Money
☐ I have reviewed my financial situation and, if necessary, discussed this with those closest to me. ☐ I have a savings, checking, 401K (etc.) accounts with account numbers and location.

## **Details**

☐ I have listed my Personal Details out in case of emergency or if someone else
needs to retrieve it (passwords, contact information, accounts, etc.) {See Page 1
for List)
A copy of my Personal Details list is located here & person aware of its location.

Use this checklist to keep track of information as you make funeral plans.

Notify	
Doctor or hospice nurse	
Coroner	
Funeral home	
Clergy	
Relatives and friends	
Executor of will	
Insurance company	
Policy number	
Bank account number(s)	
Credit card account number(s)	
Professional organizations	
Veteran's DD214	
Employer	
Landlord	
Utility companies	
Post Office	
Social Security office	
Social Security number	

Funeral Decisions	
Burial/ Final Wishes	
Gravestone inscription	
Clergy	
Time and place of visitation	
Time and place of funeral service	
Casket or urn	
Clothing for the deceased	
Pallbearers	
Flowers and florist	
Music and musicians	
Readings and readers	

Information for Obituary	
Date of death	
Date of birth	
Age	
Marital status	
Place of birth	
Education	
Cause of death	
Father's name	
Mother's name	
Spouse's name	
Children's names	
Other survivors	
Memorial	