

Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Compliments of the MoDOT and Patrol Employees' Retirement System*

**Record of  
Important  
Documents**



*Brochure Intended for MoDOT and Highway Patrol Members*

**Benefit Provider Contact Information  
on the back cover of this brochure.**

## Personal Documents

Indicate where each of the following personal documents are stored:

Birth Certificate: \_\_\_\_\_

Marriage Certificate: \_\_\_\_\_

Passport: \_\_\_\_\_

Divorce Papers: \_\_\_\_\_

House Deed: \_\_\_\_\_

Social Security Card: \_\_\_\_\_

Life Insurance Policies: \_\_\_\_\_

Homeowners Policy: \_\_\_\_\_

Car Title: \_\_\_\_\_

Military Discharge: \_\_\_\_\_

Will: \_\_\_\_\_

Living Will: \_\_\_\_\_

Trust: \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

*List other important documents below and where they are stored:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Sources of Income

What are the sources of your monthly income? Which income provider needs to be contacted when you die? Are there continuing survivor benefits for your spouse or beneficiary? Mark all that apply.

- State Retirement Benefit (MPERS)..... Call (800) 270-1271
- Missouri Deferred Compensation Plan..... Call (800) 392-0925
- Social Security ..... Call (800) 772-1213

**Other Income (e.g. pension, savings, certificates of deposit, mutual funds, IRAs, stocks/bonds, etc):**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*Consider keeping any Annual Benefit Statements you receive, in one place, with this brochure.*

# Insurance

Provide the name, address, phone, and policy number for each of the following policies:

## **Life Insurance:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_

## **Health Insurance:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_

## **Home Insurance:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_

## **Automobile Insurance:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_

## **Insurance Type:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_

## **Insurance Type:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_

## **Insurance Type:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_

## **Insurance Type:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_

# Bank/Financial Institutions

Indicate the name of the bank/financial institution, address, phone, and account number for each of the following:

## **Checking Account:**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Account #: \_\_\_\_\_

## **Savings Account:**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Account #: \_\_\_\_\_

## **Mortgage:**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Account #: \_\_\_\_\_

## **Automobile Loan:**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Account #: \_\_\_\_\_

## **Safe Deposit Box:**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Box #: \_\_\_\_\_

Location of Key: \_\_\_\_\_

## **Other:** \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Account #: \_\_\_\_\_

## **Other:** \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Account #: \_\_\_\_\_

## **Other:** \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Account #: \_\_\_\_\_

# Checklist for Spouse/Beneficiary

Contact Information can be found on the back cover of this brochure.

The following checklist is provided as a convenience for your spouse/beneficiary after your death. *This is only meant as a guideline.* All items listed may **not** apply, and there may be other items that need to be added.

- Retirement Benefit (through MPERS) ..... Contact MPERS
  - *Regardless of your date of death, you are entitled to that month's full benefit payment.*
  - *If you are set up on direct deposit, your benefit payment will go directly into your account as long as the account REMAINS OPEN. If the account gets closed too soon, MPERS will prepare a paper check and mail it to the eligible recipient.*
  - *A benefit counselor will inform the contact person if anyone is eligible for survivor benefits or the \$5,000 death benefit and how to apply.*
- Other Monthly Income Payments ..... See **Sources of Income** Section
  - *Ask if survivor benefits are available and what happens to the payment made after date of death.*
- Social Security Benefit ..... Contact Social Security
- Life Insurance (as state employee/retiree) ..... Contact Your Local District/Troop Human Resources
- Other Life Insurance ..... See **Insurance** Section
- Medical Insurance (as state employee/retiree) ..... Contact MoDOT/MSHP Employee Benefits
  - *Ask if dependent coverage is available and how to apply (if applicable).*
- Dental/Vision Insurance (through MCHCP) ..... Contact Missouri Consolidated Health Care Plan
  - *Ask if dependent coverage is available and how to apply (if applicable)*
- Deferred Compensation (as state employee/retiree) ..... Contact the State of Missouri Deferred Compensation Plan
- Bank Account(s) ..... See **Bank/Financial Institutions** Section
  - *Determine if there will be any scheduled deposits made into the account before closing it. Closing the account too soon could delay deposits of income.*
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

## Personal Access

Do you have any **UserNames and Passwords**, or safe **combinations** that your spouse/beneficiary will need to know after your death? Make sure your spouse/beneficiary knows where to find this information. Consider contacting the company to give your spouse/beneficiary authorization to access your information.

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# Contact Information

With so many benefit providers, it's sometimes confusing to determine who to contact with questions. Below is a list of benefit providers and the benefits they oversee. For your convenience, space has been added so you can list "other" important contact information.

Type of Benefit	Who to Contact
<ul style="list-style-type: none"> <li>Retirement/Survivor Benefits</li> <li>Disability Benefits</li> <li>\$5,000 Death Benefit</li> </ul> 	<p><b>MoDOT &amp; Patrol Employees' Retirement System (MPERS)</b>  <b>Mail:</b> PO Box 1930 • Jefferson City, MO 65102-1930  <b>Office:</b> 1913 William St. • Jefferson City, MO 65109  <b>Phone:</b> (573) 298-6080 • <b>Toll Free:</b> (800) 270-1271  <b>Fax:</b> (573) 522-6111 • <b>Website:</b> www.mpers.org</p>
<ul style="list-style-type: none"> <li>Medical Insurance</li> <li>Life Insurance</li> </ul> 	<p><b>MoDOT/MSHP Employee Benefits</b>  <b>Mail:</b> PO Box 270 • Jefferson City, MO 65102-0270  <b>Office:</b> 105 W. Capital Ave. • Jefferson City, MO 65109  <b>Phone:</b> (877) 863-9406  <b>Website:</b> www.modot.mo.gov/newsandinfo/benefits.htm</p>
<ul style="list-style-type: none"> <li>Dental/Vision Coverage</li> </ul> 	<p><b>Missouri Consolidated Health Care Plan (MCHCP)</b>  <b>Mail:</b> PO Box 104355 • Jefferson City, MO 65110-4355  <b>Office:</b> 832 Weathered Rock Court • Jefferson City, MO 65101  <b>Phone:</b> (573) 751-8881 • <b>Toll Free:</b> (800) 487-0771  <b>Website:</b> www.mchcp.org</p>
<ul style="list-style-type: none"> <li>Deferred Compensation</li> </ul> 	<p><b>State of Missouri Deferred Compensation Plan</b>  <b>Office:</b> 3349 American Avenue, Suite A • Jefferson City, MO 65109  <b>Phone:</b> (573) 893-1053 • <b>Toll Free:</b> (800) 392-0925  <b>Website:</b> http://modeferredcomp.org</p>
<ul style="list-style-type: none"> <li>Social Security</li> </ul> 	<p><b>Toll Free:</b> (800) 772-1213 • <b>Website:</b> www.ssa.gov</p> <p><b>Local Phone #:</b> _____</p> <p><b>Local Office:</b> _____</p> <p>_____</p>
<p><i>Other Benefit Contacts:</i></p> <p>_____</p> <p>_____</p>	<p><b>Address:</b> _____</p> <p>_____</p> <p><b>Phone:</b> _____</p> <p>_____</p>
<p><i>Other Benefit Contacts:</i></p> <p>_____</p> <p>_____</p>	<p><b>Address:</b> _____</p> <p>_____</p> <p><b>Phone:</b> _____</p> <p>_____</p>