Record of Important Documents

Compliments of the MoDOT and Patrol Employees’ Retirement System

Brochure Intended for MoDOT and Highway Patrol Members

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

Name: __________________________________________
Date: ___________________________________________
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.
Provide the name, address, phone, and policy number for each of the following policies:

<table>
<thead>
<tr>
<th>Life Insurance:</th>
<th>Health Insurance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company: _______</td>
<td>Company: _______</td>
</tr>
<tr>
<td>Address: _______</td>
<td>Address: _______</td>
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<td>__________________</td>
<td>__________________</td>
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<tr>
<td>Phone: _______</td>
<td>Phone: _______</td>
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<tr>
<td>Policy #: _______</td>
<td>Policy #: _______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Insurance:</th>
<th>Automobile Insurance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company: _______</td>
<td>Company: _______</td>
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<tr>
<td>Address: _______</td>
<td>Address: _______</td>
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<tr>
<td>__________________</td>
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</tr>
<tr>
<td>Phone: _______</td>
<td>Phone: _______</td>
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<tr>
<td>Policy #: _______</td>
<td>Policy #: _______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insurance Type: __________________</th>
<th>Insurance Type: __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company: _______</td>
<td>Company: _______</td>
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<tr>
<td>Address: _______</td>
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<tr>
<td>Phone: _______</td>
<td>Phone: _______</td>
</tr>
<tr>
<td>Policy #: _______</td>
<td>Policy #: _______</td>
</tr>
</tbody>
</table>
# 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 #:** ________________
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)**
  - 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: __________________________________________________________________________________________**
- **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.

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

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

Indicate the name and phone number of those individuals that provide you with professional services.

**Attorney:**
Name: ___________________________________________ Phone #: _________________________________________

**Accountant:**
Name: ___________________________________________ Phone #: _________________________________________

**Financial Planner:**
Name: ___________________________________________ Phone #: _________________________________________

**Other Service: __________________________**
Name: ___________________________________________ Phone #: _________________________________________

**Other Service: __________________________**
Name: ___________________________________________ Phone #: _________________________________________

**Miscellaneous Information/Notes**
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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.

<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Who to Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirement/Survivor Benefits</td>
<td>MoDOT &amp; Patrol Employees’ Retirement System (MPERS)</td>
</tr>
<tr>
<td></td>
<td>Mail: PO Box 1930 • Jefferson City, MO 65102-1930</td>
</tr>
<tr>
<td></td>
<td>Office: 1913 William St. • Jefferson City, MO 65109</td>
</tr>
<tr>
<td></td>
<td>Phone: (573) 298-6080 • Toll Free: (800) 270-1271</td>
</tr>
<tr>
<td></td>
<td>Fax: (573) 522-6111 • Website: <a href="http://www.mpers.org">www.mpers.org</a></td>
</tr>
<tr>
<td>Disability Benefits</td>
<td>MoDOT/MSHP Employee Benefits</td>
</tr>
<tr>
<td>$5,000 Death Benefit</td>
<td>Mail: PO Box 270 • Jefferson City, MO 65102-0270</td>
</tr>
<tr>
<td></td>
<td>Office: 105 W. Capital Ave. • Jefferson City, MO 65109</td>
</tr>
<tr>
<td></td>
<td>Phone: (877) 863-9406</td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://www.modot.mo.gov/newsandinfo/benefits.htm">www.modot.mo.gov/newsandinfo/benefits.htm</a></td>
</tr>
<tr>
<td>Medical Insurance</td>
<td>Missouri Consolidated Health Care Plan (MCHCP)</td>
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<tr>
<td>Life Insurance</td>
<td>Mail: PO Box 104355 • Jefferson City, MO 65110-4355</td>
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<tr>
<td></td>
<td>Office: 832 Weathered Rock Court • Jefferson City, MO 65101</td>
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<tr>
<td></td>
<td>Phone: (573) 751-8881 • Toll Free: (800) 487-0771</td>
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<tr>
<td></td>
<td>Website: <a href="http://www.mchcp.org">www.mchcp.org</a></td>
</tr>
<tr>
<td>Dental/Vision Coverage</td>
<td>State of Missouri Deferred Compensation Plan</td>
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<tr>
<td></td>
<td>Office: 3349 American Avenue, Suite A • Jefferson City, MO 65109</td>
</tr>
<tr>
<td></td>
<td>Phone: (573) 893-1053 • Toll Free: (800) 392-0925</td>
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<tr>
<td></td>
<td>Website: <a href="http://modeferredcomp.org">http://modeferredcomp.org</a></td>
</tr>
<tr>
<td>Deferred Compensation</td>
<td>Toll Free: (800) 772-1213 • Website: <a href="http://www.ssa.gov">www.ssa.gov</a></td>
</tr>
<tr>
<td>Social Security</td>
<td>Local Phone #:</td>
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<tr>
<td></td>
<td>Local Office:</td>
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<td></td>
<td>Other Benefit Contacts:</td>
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<td></td>
<td>Address:</td>
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