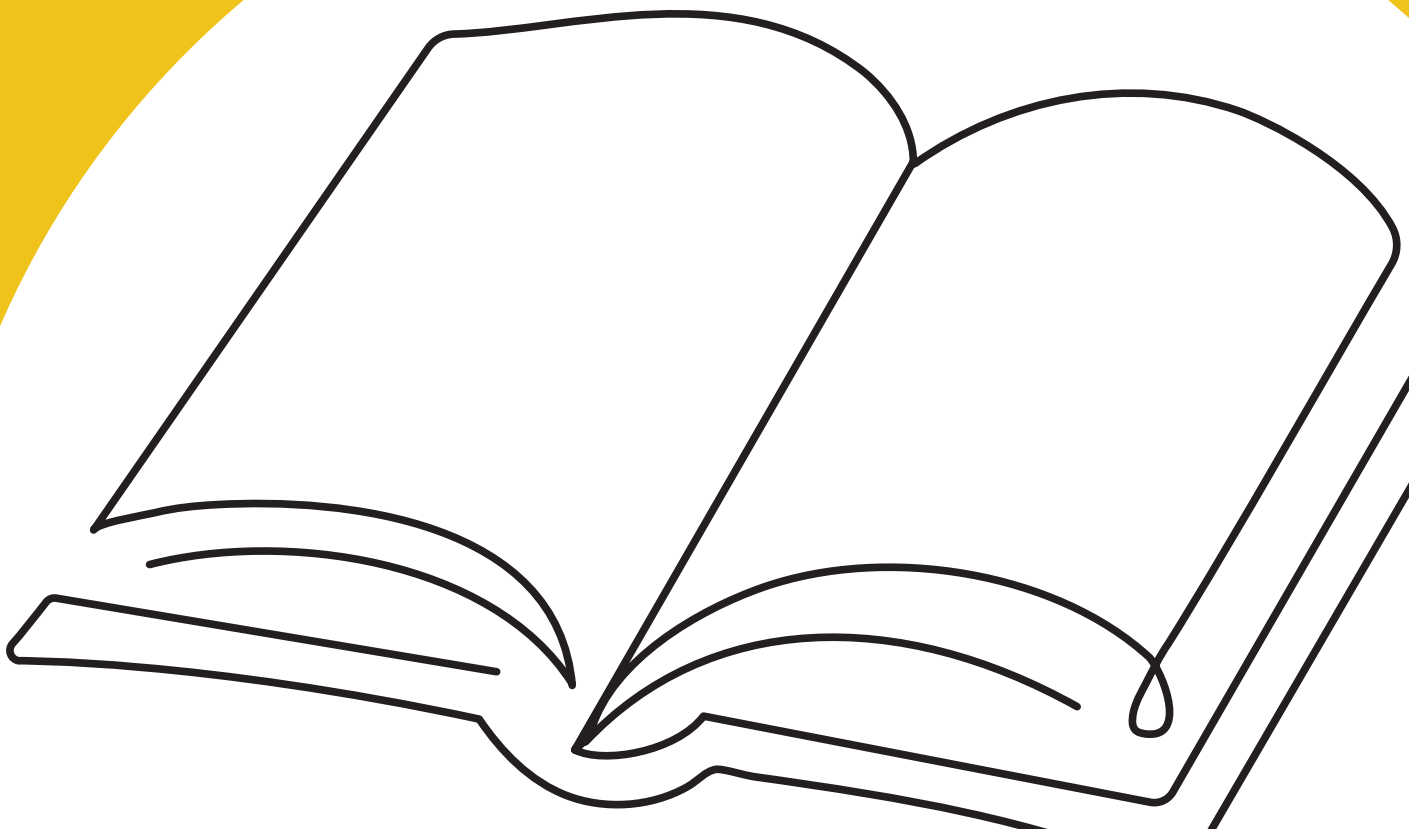


wellabe®

Funeral planning guide

Ensure your loved ones are well protected,
well prepared, and well loved.



Personal history

By recording vital information and funeral preferences now, you ease the burden for your loved ones later.

Date: _____ Name: _____

Sex: Male Female Race: _____ Date of birth: _____ Place of birth: _____

Father's name: _____ Father's place of birth: _____

Mother's name: _____ Mother's place of birth: _____

Address: _____

In city since: _____ Moved from: _____ Year: _____

SSN: _____ Phone: _____ Email: _____

Marital status: Married Never married Widowed Divorced

Place: _____ Date: _____

Name of Spouse/Partner (maiden name, if applicable): _____

Education (highest grade completed): Secondary: _____ College: _____

School(s) attended/degree(s) earned: _____

Church/Lodges/Memberships: _____

Occupation: _____ Industry: _____

Years in occupation: _____ Employer(s): _____

Hobbies: _____

Registered donor: Yes No

ARMED FORCES

Branch of service: _____ Service number: _____

Date entered: _____ Place of entry: _____

Type of separation or discharge of service: _____ Date: _____

Place of discharge: _____

Location of military discharge papers (DD214): _____

Highest grade, rank, or rating received: _____

Wars/Conflicts served: _____

Medals/Honors/Citations/Additional information: _____

Children, close relatives, and friends

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Preceded in death by: _____

Number of grandchildren: _____ Number of great-grandchildren: _____

LOCAL EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

PLEASE ALSO NOTIFY

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Email: _____

Important information

Do you have a will or living trust? Yes No

Attorney who wrote the will or trust: _____

Executor of Estate: _____

Do you have a living will? Yes No Location: _____

FINANCIAL INFORMATION

BANKING

Bank name/branch: _____

Type of account: Checking Savings

Username: _____ Password: _____

Bank name/branch: _____

Type of account: Checking Savings

Username: _____ Password: _____

Bank name/branch: _____

Type of account: Checking Savings

Username: _____ Password: _____

CREDIT CARDS

Type (Visa/Mastercard): _____

Account number: _____ Exp. date: _____ 3-digit code: _____

Username: _____ Password: _____

Type (Visa/Mastercard): _____

Account number: _____ Exp. date: _____ 3-digit code: _____

Username: _____ Password: _____

Type (Visa/Mastercard): _____

Account number: _____ Exp. date: _____ 3-digit code: _____

Username: _____ Password: _____

Type (Visa/Mastercard): _____

Account number: _____ Exp. date: _____ 3-digit code: _____

Username: _____ Password: _____

MORTGAGE

Lender: _____ Account number: _____

Phone: _____ Location: _____

Lender: _____ Account number: _____

Phone: _____ Location: _____

PENSION/RETIREMENT PLANS

Company: _____ Account number: _____

Phone: _____ Location: _____

Company: _____ Account number: _____

Phone: _____ Location: _____

Company: _____ Account number: _____

Phone: _____ Location: _____

INSURANCE (HOME, HEALTH, LIFE, AUTO, ETC.)

Company: _____ Agent: _____

Phone: _____ Policy number: _____ Beneficiary: _____

Company: _____ Agent: _____

Phone: _____ Policy number: _____ Beneficiary: _____

Company: _____ Agent: _____

Phone: _____ Policy number: _____ Beneficiary: _____

Company: _____ Agent: _____

Phone: _____ Policy number: _____ Beneficiary: _____

SOCIAL MEDIA PROFILES

Account name: _____ Website/App: _____

Username: _____ Password: _____

Account name: _____ Website/App: _____

Username: _____ Password: _____

Account name: _____ Website/App: _____

Username: _____ Password: _____

LOCATION OF IMPORTANT DOCUMENTS

Safe deposit box: _____ Box number: _____

Key(s) location: _____

Birth certificate: _____

Children's birth certificate(s): _____

Last will and testament: _____

Funeral and cemetery arrangement documents: _____

Real estate deeds: _____

Income tax records: _____

Auto registration/title(s): _____

Other documents: _____

My preferences

This section enables you and your family to keep track of which arrangements have been made and which remain to be determined.

MEMORIAL INSTRUCTIONS

Funeral home: _____ Phone: _____

Church: _____ Phone: _____

Officiant: _____ Phone: _____

Disposition preference: Burial Mausoleum Cremation

Memorial service to be held at: Funeral home Church Graveside Other: _____

Visitation/Friends calling: Yes No Casket: Opened Closed

Participating fraternal, military, or service organization: _____

Obituary: Yes No Photo Newspaper(s): _____

Pallbearers: _____

Flowers (describe): _____

Favorite religious passages, quotations, or poems: _____

Favorite musical selections: _____

Specific requests to be performed at service: _____

Contributions (name of charity): _____

Flag (if veteran): Folded Draped Given to: _____

Specific clothing (describe): _____

Glasses to be worn: Yes No After viewing, removed and given to: _____

Jewelry to be worn: Yes No After viewing, removed and given to: _____

Specific jewelry (describe): _____

CEMETERY INSTRUCTIONS

Cemetery property owned: Yes No Cemetery: _____

Address: _____

City: _____ State: _____ Phone: _____

Location, Section/Garden: _____ Lot: _____ Space: _____ Marker owned: Yes No

Cremation memorialization: Niche Burial Other: _____

Additional instructions: _____

The preceding information represents my desires for my funeral and burial arrangements. As of this date, I prefer that my family only spend \$ _____ for these plans.

Signature: _____ Date: _____

Funeral planning professional: _____

Cost estimate sheet

This estimate sheet does not represent items bought or sold and is not a contract to do so. These figures represent only an estimate of the costs of funeral preferences at today's prices.

Name: _____ Signature: _____ Date: _____

Section I: Services

Funeral package, describe: _____ \$ _____

For details, please refer to a copy of the General Price List.

ITEMIZED SERVICES

Basic services of funeral director and staff	\$ _____	Use of equipment and staff for ceremony	\$ _____
Transfer of deceased to funeral home		Funeral coach	\$ _____
_____ miles @ \$ _____ per mile	\$ _____	Family car no. _____ @ \$ _____ each	\$ _____
Embalming	\$ _____	Other, please specify _____	\$ _____
Other preparation of the body	\$ _____	_____	\$ _____
Use of facilities and staff for viewing		_____	\$ _____
_____ days @ \$ _____	\$ _____		
Use of facilities and staff for ceremony	\$ _____		

Subtotal: Section I \$ _____

Section II: Merchandise

CASKET

Name _____ \$ _____
Description _____
Interior fabric and color _____
Exterior material and color _____
Gauge weight (where applicable) _____

OUTER BURIAL CONTAINER

Name _____ \$ _____
Description _____

OTHER MERCHANDISE

Alternative container _____ \$ _____
Urn _____ \$ _____
Marker _____ \$ _____
Memorial package _____ \$ _____
_____ \$ _____
_____ \$ _____

Subtotal: Section II \$ _____

Section III: Miscellaneous items

Memorial package	\$ _____
Obituary notices	\$ _____
Death certificates	
_____ copies @ \$ _____ per copy	\$ _____
Flowers	\$ _____
Clergy honorarium	\$ _____
Musician honorarium	\$ _____
Reception	\$ _____
Grave opening and closing	\$ _____
Setting fees	\$ _____
Sales tax	\$ _____
Other _____	\$ _____

Subtotal: Section III \$ _____

Subtotal: Sections I and II \$ _____

Total: Sections I, II, and III \$ _____

PAYMENT OPTIONS:

Single premium \$ _____
One-year \$ _____ per month
Three-year \$ _____ per month
Five-year \$ _____ per month
Ten-year \$ _____ per month

Important to note

SOCIAL SECURITY

If you are working and paying into Social Security, some of the Social Security taxes you pay are applied toward survivor benefits. The amount of these benefits will be determined by Social Security.

To file a claim or for answers to your specific questions, contact the nearest Social Security office or call 800-772-1213 between the hours of 7 a.m. and 7 p.m., Monday-Friday. Free informative publications are available at your local office or on the internet at ssa.gov.

VETERANS ADMINISTRATION

If you are an honorably discharged veteran, your survivors may be eligible for a range of benefits, such as burial flag, presidential memorial certificate, marker for the grave or niche, and burial allowances. Information on a variety of topics may be obtained by calling 800-827-1000 or by visiting va.gov. Wellabe also has a free Veterans Memorial Benefits Guide you may download at wellabe.com/be-informed.

FEDERAL EMPLOYEES

Survivors of employees of the federal government may be eligible for a wide range of benefits, including group life insurance, annuities, and health insurance continuation. For answers to specific questions, you can contact the Office of Personnel Management at 888-767-6738 or visit opm.gov.

WILL

This document specifies what is to be done with your property when you die and names your executor or personal representative. You can also use your will to name a guardian for your children. Wills must be handled through a process known as “probate.”

PROBATE

Simply stated, probate is the court process following a person’s death that includes:

- Proving the authenticity of the deceased person’s will
- Appointing someone to handle the deceased person’s affairs
- Identifying the deceased person’s property
- Paying debts and taxes
- Identifying heirs
- Distributing the deceased person’s property according to the will, or state law if there is no will.

LIVING TRUST

This form of a trust can be set up during your life. Living trusts are an excellent way to avoid the cost and hassle of probate because the property you transfer into the trust passes directly to the beneficiaries after you die. The successor trustee — the person you appoint to handle the trust after your death — simply transfers ownership to the beneficiaries.

POWER OF ATTORNEY

This document gives another person legal authority to act on your behalf. If you create such a document, you are called the “principle,” and the person to whom you give this authority is called your “attorney-in-fact.” If you make a durable power of attorney, the document will remain in effect if you become incapacitated.

LIVING WILL

This legal document states your wishes about medical treatments and life-prolonging procedures. It takes effect if you are unable to communicate your healthcare decisions. A living will may also be called a healthcare directive, advanced directive, or directive to physicians. Laws vary from state to state, check with your state’s authorities.

PREARRANGED FUNERAL PLAN

This is a contract in which a funeral establishment agrees to provide merchandise and services upon the death of the contract beneficiary. The plan provides not only the funding for the funeral, but also allows individuals the opportunity to specify their wishes for the funeral ceremony and merchandise. Learn more about preplanning at wellabe.com/preneed.

FUNERAL OR MEMORIAL SERVICE

Whether you or your loved one have chosen burial or cremation, the funeral or memorial service fills an important role by:

- Celebrating, honoring, and recognizing the life of the deceased
- Giving family and friends the chance to say goodbye
- Providing closure after the loss of a loved one
- Presenting an opportunity for friends and family to console each other

Many details and decisions must be made when a death occurs. When you arrange them in advance, you can plan what you want and minimize stress on your loved ones. For example, you can plan where your funeral will be held and the style of the ceremony. You can indicate whether you prefer friends and family to gather informally and share their feelings and memories. Favorite music and photographs can be selected.





Let's do more, worry less, and make every day better

Since 1929, we have provided solutions to help people protect their health and financial well-being. Every day, we show we care through our shared values and doing what's right. We'll always be here helping people be well so they can prepare for tomorrow and live better today.

Visit wellabe.com/regionals to find a funeral partner near you.



Medicare Supplement • Preneed • Hospital Indemnity
Dental • Short-term Care • First Diagnosis Cancer