

Being Prepared



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Why you should read this booklet

Although it is not a pleasant thought, we all know that someday we will pass away. This booklet is designed to provide an overview of important information in the event you pass away while employed by the State of Arizona. It also provides additional resources so that you can ensure your beneficiaries are aware of the benefits to which they may be entitled.

This booklet is intended only as a reference guide for benefits available upon the death of a State employee. Some benefits are elective and may not apply. To view the benefits you have selected, including your current retirement system, log in to the YES website at www.yes.az.gov, and select the “Current Pay Check” tab.

A “Vital Information Form” is provided at the end of this booklet to assist you and your loved ones with keeping track of this important information. This form is optional. If you elect to complete the form, fill in all information that pertains to you and store it in a safe yet accessible place. This form should be updated anytime your employment changes, you make changes to your benefits or beneficiaries, or any other time you make changes in your personal or financial arrangements.

Please note: *No contract is created by this document. Nothing in this document should be interpreted to conflict with Federal or State laws or rules. If a conflict is discovered, the appropriate laws or rules control.*



Who should be contacted in the event of your death

If you are an active State of Arizona employee at the time of your death, a family member, friend or personal representative should report your death to at least one of the following as soon as possible:

- your supervisor
- your manager
- your agency's Human Resources Office

Your agency Human Resources Office will assume a critical role in assisting your beneficiaries in accessing important benefits. The Human Resources Office will need:

- your complete legal name
- your birth date
- a copy of your marriage certificate (if applicable)

- a copy of your death certificate (when available*)
- your Employee Identification Number (EIN)
- the reporting individual's relationship to you and their contact information
- time, date, and cause of death (if known)
- your last day worked (if known)

** Most if not all processes will require original/certified death certificates. Beneficiaries should probably obtain at least 10 death certificates to ensure that all claims are processed timely.*

Your family, friend or personal representative should also notify the organizations listed below. If you complete the Vital Information Form at the end of this booklet, this important information will be easily accessible to your beneficiaries or personal representative.

- Social Security Administration – (800) 772-1213; TTY (800) 325-0778 or <http://www.ssa.gov/survivorplan/howtoapply.htm>
- Your retirement system, if you currently contribute to retirement or have done so in the past – select the retirement system that you participate in:

- **Arizona State Retirement System (ASRS)**

Phoenix (602) 240-2000; Tucson (520) 239-3100; toll free (800) 623-3778 or askmac@azasrs.gov

- Public Safety Personnel Retirement System (PSPRS)
 - Correctional Officer Retirement Program (CORP)
 - Elected Officials Retirement Plan (EORP)
- } Contact your agency's Human Resources Office

- Deferred Compensation, if you currently contribute to a deferred compensation account or have done so in the past, contact Nationwide at 1(800) 796-9753 or www.arizonadc.com
- Veteran's Administration – for honorably discharged or retired veterans
- Other contacts that your survivor or beneficiary may need to contact (please note that this list is not all-inclusive):
 - Banks
 - Credit Unions – may also provide AD&D Insurance
 - Investment companies

- Life Insurance agent – other than State life insurance policies
- Credit Bureaus
- Credit Card Companies
- Other Creditors – i.e. Mortgage Company; personal loans, etc.
- Post office – to stop or forward mail
- Utility companies – to change or stop service

Be sure that your beneficiaries know where to locate this booklet and your “Vital Information Form.” Utilizing the Vital Information Form will help them answer questions from your Human Resources Office and handle other issues that arise in the course of settling your estate.



Actions your Human Resources Office will take

Upon notification of your death, your Human Resources Office will:

- Notify your supervisor, manager, and agency head, if this has not already been done
- Ensure your direct deposit is cancelled
- Ensure that the Consolidated Omnibus Budget Reconciliation Act (COBRA) notification is sent to your eligible survivors (if applicable)
- Mail your Unpaid Premium Billing Statement to your home address on record. In order for your beneficiary(ies) to collect payments from any supplemental life insurance policies any benefit premiums you owe at the time of your death must be paid
- Provide your beneficiary(ies) with a letter of instruction and forms that will need to be completed to receive your final wages including annual, compensatory, or holiday leave (if applicable)
- Provide guidance to your immediate supervisor to:
 - Complete your final timecard and forward it to payroll
 - Inventory and secure your personal effects until they can be retrieved by

your personal representative

- Secure/retrieve all state property such as ID card, laptop, cell phone, etc.

Upon your death, your enrollment in certain benefits will also end. However, there will be resources for your survivors that will continue to be available to them for a short period of time thereafter. These resources are outlined below:

BENEFITS	COVERAGE	BENEFIT ADMINISTRATION
Medical – Dental – Vision	Continuation available through COBRA enrollment	ADOA Benefits 602-542-5008 http://benefitoptions.az.gov
Life Insurance	Paid out upon death as long as all benefit premiums are paid	ADOA Benefits 602-542-5008 http://benefitoptions.az.gov/
Funeral Planning and Concierge Services Survivor/Beneficiary Counseling Services	Benefits offered by life insurance company. (May vary depending upon life insurance contractor)	ADOA Benefits 602-542-5008 http://benefitoptions.az.gov/
Employee Assistance Program	Available to any person living in your home at the time of your death	Various administrators depending on the employing agency – visit Benefit Options / Wellness/EAP for a detailed list http://benefitoptions.az.gov/wellness
Retiree Accumulated Sick Leave Program (RASL)	If you are eligible for “normal” retirement and have at least 500 hours of accrued sick leave, a sick leave benefit <i>may</i> be available to your beneficiary(ies)	ADOA General Accounting Office RASL Program (602) 542-6222 https://gao.az.gov/payroll/rasl



Who you should contact when your family status changes or you want to change a beneficiary

Only the beneficiary(ies) on file at the time of your death will receive your benefits and/or account balances. For this reason, it is *critical* that you keep your beneficiary information up to date for all of your benefits and accounts, including your private accounts such as savings and investment accounts. ***Please note: Beneficiary information is confidential. The State of Arizona cannot release the names of beneficiaries to anyone other than the employee or beneficiary.***

If you want to change or update the beneficiaries for any of the benefits for which you have enrolled as an employee of the State of Arizona, use the contact information in the table below. ***Remember: in many cases, adding a beneficiary does not automatically delete a previously-designated beneficiary. If you wish to change a previously designated beneficiary, you must actively do so.***

BENEFITS	BENEFITS	WEBSITE
ADOA Life Insurance Benefits	YES (Your Employee Services)	www.yes.az.gov (Click on 'Benefits' and then 'Beneficiary')
Arizona State Retirement System	Online Member Login	https://www.azasrs.gov/web/Home.do
Public Safety Retirement System Correctional Officers Retirement System Elected Officials Retirement System	FORM 8 – Beneficiary Designation Form	http://www.psprs.com/forms--resources/members
Deferred Compensation	Beneficiary Designation Form	https://www.arizonadc.com/iApp/tcm/arizonadc/support/index.jsp



Accessing group life insurance funds in the event of terminal illness

In the event that you or your dependent are diagnosed with a terminal illness, you or your dependent may be eligible to receive an accelerated payment of up to 80 percent of the amount of the terminally ill person's life insurance policy. The amount of life insurance payable upon the terminally ill person's death will be reduced by the amount paid as an accelerated benefit.

To qualify for accelerated payment, the individual covered under the life insurance policy must:

- have a policy of a least \$10,000;
- be under the age of 60;
- provide proof of terminal illness;
- have a life expectancy of 12 months or less;
- make the request in writing.

For more information on accelerated payments, please visit the Benefit Options website at: <http://benefitoptions.az.gov> and review the Life Insurance Coverage Guide listed under the *Plan Descriptions* link.



Summary

We hope that this booklet has provided you with valuable information. Appendix A contains a Vital Information Form which you may wish to use to record important personal and financial information that may be needed in the event of your death. If you are unsure of the answers to some of the questions on the form, you can log on to the YES website (www.yes.az.gov) to check your benefits and paycheck deductions. ***Please note: Much of the information on the Vital Information Form is confidential. The State of Arizona cannot release benefits information, including the names of beneficiaries, to your spouse, children or significant other(s). Such information can only be provided to you.***

If you have additional questions that have not been answered in this booklet, please

contact your agency Human Resources Office .

Appendix A: Vital Information Form

(See next page)

Vital Information Form

Use this form to record important personal and financial information that may be needed in the event of your death. If you are unsure of the answers to some of the questions on the form, you can log on to the YES website (www.yes.az.gov) to check your benefits and paycheck deductions.

Please note: Much of the information on this form is confidential. The State of Arizona cannot release benefits information, including the names of beneficiaries, to your spouse, children or significant other(s). Such information can only be released to the employee.

DISCLAIMER

This document is for your personal record keeping. It is not intended to take the place of a will or trust, nor is it intended to serve as financial or legal advice.

(Fill out and store in a safe location. This information should be updated as needed.)

PERSONAL INFORMATION

Full Legal Name	Employee Identification Number (EIN)
Date of Birth	Social Security Number

EMPLOYMENT INFORMATION

Employer (Agency or Department)	Date of Hire
Employer Address	Employer Phone Number
Supervisor's Name	Supervisor's Phone Number
Supervisor's Email Address	
Human Resources Office Address	Human Resources Phone Number
Human Resources Email Address	

EMPLOYER BENEFITS

Check all benefit programs in which you are enrolled:

- Medical
- Dental
- Vision
- Basic Life Insurance
- Supplemental Life Insurance
- Dependent Life Insurance
- Short-Term Disability
- Long-Term Disability
- Retirement Plan

- Flexible Spending Programs
- HSA (High Deductible Health Plan) Program
- Limited Flexible Spending Account
- Discount Program(s)
- Auto & Home Insurance Program
- Deferred Compensation

RETIREMENT

Check those to which you currently contribute and those in which you currently have funds on account:

- Arizona State Retirement System (ASRS)
- Public Safety Personnel Retirement System (PSPRS)
- Corrections Officers Retirement Plan (CORP)
- Elected Officials Retirement Plan (EORP)

ARIZONA STATE RETIREMENT BENEFITS

Current State Retirement Plan Name

Phone Number	Account Number / SSN
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Prior State Retirement Plan Name (if applicable)

Phone Number	Account Number / SSN
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OTHER RETIREMENT BENEFITS

Company Name	Type of Plan
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Phone Number	Account Number
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Company Name	Type of Plan
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Phone Number	Account Number
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VETERAN BENEFITS

Are you entitled to Veteran's benefits?

Yes No

SOCIAL SECURITY BENEFITS

Are you entitled to Social Security Benefits?

Yes No

HEALTH INSURANCE

Carrier Name

Address

Phone Number	Membership Number
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Location of Policy or Evidence of Coverage

DENTAL INSURANCE

Carrier Name

Address

Phone Number

Membership Number

Location of Policy or Evidence of Coverage

VISION INSURANCE

Carrier Name

Address

Phone Number

Membership Number

Location of Policy or Evidence of Coverage

BASIC LIFE INSURANCE (EMPLOYER GROUP COVERAGE)

Carrier Name

Address

Phone Number

Membership Number

Location of Policy or Evidence of Coverage

Coverage

SUPPLEMENTAL LIFE INSURANCE

Carrier Name

Address

Phone Number

Membership Number

Location of Policy or Evidence of Coverage

Coverage

DEPENDENT LIFE INSURANCE

Carrier Name

Address

Phone Number

Membership Number

Location of Policy or Evidence of Coverage

Coverage

OTHER INSURANCE POLICIES

Company Name

Address:

Phone Number

Account Number

Type of Policy

Location of Policy or Evidence of Coverage

Coverage

Company Name

Address:

Phone Number

Account Number

Type of Policy

Location of Policy or Evidence of Coverage

Coverage

BANKING INFORMATION

Bank Name

Checking Account Number(s)

Savings Account Number(s)

Other Accounts (such as credit cards, money market accounts, CD's, etc.)

Bank Name

Checking Account Number(s)

Savings Account Number(s)

Other Accounts (such as credit cards, money market accounts, CD's, etc.)

Bank Name

Checking Account Number(s)

Savings Account Number(s)

Other Accounts (such as credit cards, money market accounts, CD's, etc.)

CREDIT UNION INFORMATION

Credit Union

Checking Account Number(s)

Savings Account Number(s)

Other Accounts (such as credit cards, money market accounts, CD's, etc.)

Do you have Accidental Death & Disability (AD&D) Insurance through this credit union?
Yes No Coverage:

Credit Union

Checking Account Number(s)

Savings Account Number(s)

Other Accounts (such as credit cards, money market accounts, CD's, etc.)

Do you have AD&D Insurance through this credit union?
Yes No Coverage:

OTHER FINANCIAL ASSETS OR CREDITORS

Company Name

Phone Number	Account Number	Type of Investment/Debt
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Company Name

Phone Number	Account Number	Type of Investment/Debt
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Company Name

Phone Number	Account Number	Type of Investment/Debt
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Company Name

Phone Number	Account Number	Type of Investment/Debt
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Company Name

Phone Number	Account Number	Type of Investment/Debt
--------------	----------------	-------------------------

Company Name

Phone Number	Account Number	Type of Investment/Debt
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REAL ESTATE / MORTGAGE INFORMATION

Property Location

Lender Name / Address

Phone Number	Account Number	Amount
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Location of Deed / Title

Property Location

Lender Name / Address

Phone Number	Account Number	Amount
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Location of Deed / Title

LOCATION OF IMPORTANT RECORDS

<i>Type of Information</i>	<i>Location</i>
Will / Trust	
Power of Attorney	
Medical Power of Attorney	
Burial / Cremation / Funeral Instructions	
Motor Vehicle Titles	
Birth Certificates	
Marriage Certificates	
Divorce Certificates	
Social Security Cards	

Employment Records	
Armed Forces Records	
Tax Records	
Stocks / Bonds / Certificates	
Homeowners Insurance Policy(ies)	
Automobile Insurance Policy(ies)	
Other	
Other	

FAMILY ADVISORS

Attorney

Address

Phone Number

Stock Broker / Financial Planner / CPA

Address

Phone Number

Other

Address

Phone Number

SAFETY DEPOSIT BOX

Location of Box

Box Number	Location of Key
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POST OFFICE BOX

Location of Box

Box Number	Location of Key
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DATE FORM COMPLETED:

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