SURVIVOR'S BENEFIT CHECKLIST

DO YOU HAVE A CURRENT:

1. "Employee Action Request" (State Form 686) designating the person authorized to receive warrants in the event of death (or a State Form 243) on file with your Department of Forestry and Fire Protection personnel office? Is the address correct?

2. "State Employees' Retirement System Change of Beneficiary" (State Form 241) on file with PERS designating the correct beneficiary for "Basic Death Benefit" and "Group Term Life Insurance Benefit?"

3. "Will" *and* *Living Trust* giving disposition of your "estate" (real property, autos, stocks and bonds, credit union, savings and loan and bank/savings accounts, etc.)?

4. Listing of possessions and assets prepared for reference?

5. Correct beneficiary designation on private life insurance policies, deferred compensation plans, etc.?

   NOTE: The following checklists identify the information and documentation needed by survivors following the death of an employee or a retiree. They do not constitute a complete listing for all individuals. They are solely intended to be a representative "guide" to the survivor's benefits which will most likely be applicable.

I. Death of an active employee
II. Additional requirements in the event of an accidental death
III. Death of a retired member

Also, extreme care must always be utilized to ensure that all potential survivor's benefit sources are contacted so survivors receive everything to which they are entitled, i.e., military, service clubs, fraternal organizations, CSFA, CSEA, travel clubs, etc.

DEATH OF AN ACTIVE EMPLOYEE

A. **IN THE EVENT OF ACCIDENTAL DEATH** (the following must be obtained or done):

   1. If on the job, en route to or from work, or if there is a possibility, however remote, of a job-related death or cause thereof, notify Workers Compensation and submit SCIF Form 3067 (REV 2-93). (Also, forward a copy of the Form 3067 to PERS upon their request.)

   2. Promptly consult a recognized and knowledgeable attorney (or firm) to obtain legal advice on the appropriate action to follow.

   3. This is particularly true when in doubt as to whether or not the death could be job-related or IF there is a possibility of a third party liability.

4.
5. If death occurred in the line of duty and was of a more-or-less violent nature, notify: Public Safety Officers' Benefit Program, U. S. Department of Justice, Bureau of Justice Assistance, 633 Indiana Avenue NW, Washington, DC 20531 (phone 202-307-0635).

   Obtain:
   a. Written statements from eye witnesses.
   b. Certified copy of coroner's final investigation report.
   c. Written statement from any attending physician concerning nature of the cause of death.
   d. If available, a newspaper account of the accident.

II. DEATH OF A ANY MEMBER

1. Notify PERS and provide the Following *(see contact information below)*
   1. Name of deceased
   2. Social security number and Date of death
   3. Name, Address, & Phone Number of Surviving Spouse, closest Next of Kin, or Person Designated to Settle the Estate
   4. Name, Address, and Phone Number of the person providing the notice of death if not the spouse

I.

: Add Social Security number on it as well as all submitted documents

Liaison officers should use this form in conjunction with the *CDF Firefighters Fallen Checklis*t.

IMPORTANT PHONE NUMBERS

- CDF Firefighters Headquarters: (916) 609-8700
- Harry J. Wilson Insurancenter: (800) 549-4242
- National Public Safety Officers Death Benefit: (202) 307-0635

Public Employees Retirement System (PERS) **1-888 CalPERS (or 1-888-225-7377)**
Mailing Address or **Mailing Addresses**
Lincoln Plaza North
400 Q Street
Sacramento, CA 95811

CalPERS Benefit Services Division	- **Centralized Fax**	1-**(800) 959-6545**
Retired Members	P.O. Box 942716 Sacramento, CA 94229-27161-**888 CalPERS**	1-**888**-225-7377
Active Members	P.O. Box 942711 Sacramento, CA 94229-2711	1-**888**-225-7377
Death Benefits	P.O. Box 1652 Sacramento, CA 95812-1652	1-**888**-225-7377
Disability Retirement	P.O. Box 2796 Sacramento, CA 95812-2796	1-**888**-225-7377
Actuarial & Employer Services	P.O. Box 942709 Sacramento, CA 94229-2709	1-**888**-225-7377
Health Account Services	P.O. Box 942715 Sacramento, CA 94229-2715	1-**888**-225-7377
CalPERS Supplemental Income 457 Plan	P.O. Box 5166 Boston, MA 02206-5166	1-**888**-225-7377
CalPERS Long-Term Care Program	P.O. Box 942719 Sacramento, CA 94229-2719	1-(800) 982-1775

I State Dental Plans -

Delta Dental Preferred Provider Option (PPO) - Group #9946

- The State-sponsored Delta Dental Preferred Provider Option (PPO) plan provides services through its network of participating dentists and allows you to see any dentist of your choice world-wide and still be covered.
- Your present dentist may be a PPO member of Delta Dental; however, not all Delta Dentists are members of the PPO network - If you receive services outside of the PPO network, your share of the dentist's fees will be substantially higher - You may contact Delta Dental to ensure there's a PPO provider available in your service area.
- Your cost for services .is based on a fee-for-service agreement between Delta and the PPO provider - The plan limits paid coverage for each specific type of dental treatment - Members pay any remaining balance due based on the type of dental treatment they receive.
- The amount of your monthly premium copayment is deducted from your monthly pay warrant according to the number of enrolled dependents.

For more information, contact:
Delta Dental

- **1-800-225-3368** deltadentalins.com/state/

INDEMNITY OPTION Delta Dental PPO plus Premier - Group #9949

- An indemnity plan allows enrollees to select a dentist of their choice throughout the United States and worldwide without using a provider network.
- The plan limits the amount of paid coverage for each specific type of dental treatment – Members pay any remaining balance due based on the type of dental treatment they receive.
- The amount of your monthly premium copayment is deducted from your monthly pay warrant according to the number of enrolled dependents.

For more information, contact:
Delta Dental
1-800-225-3368 **deltadentalins.com/state/**

INDEMNITY OPTION:
For more information or a list of member dentists, contact the plans at:
DeltaCare USA **1-800-422-4234** **deltadentalca.org**

Premier Access
1-888.534-DHMO (1-888-534-3466) socdhmo.com

SafeGuard 1-800-880-1800 safeguard.net

Western Dental 1-866-859-7525 westerndentalbenefits.com/stateofca

II. Dental FORMS

- Dental Plan Enrollment Authorization - STD 692
- Dental Plan Direct Payment Authorization - STD 696
- Affidavit for Economic Dependent Children - CalHR 025
- Affidavit for Domestic Partners Being Claimed as Economic Dependents - CalHR 680

III. Dental COBRA Forms

- COBRA Election Form - CalHR 767
- COBRA Calendar

IV. Savings Plus Program

Savings Plus Website: www.savingsplusnow.com EMAIL Saveplus@dpa.gov
Contact the Savings Plus Service Center at:
1-(855) 616-4SPN (4776
FAX (847) 554-1804

Vision Service Plan

Vision Service Plan (VSP)
3333 Quality Drive
Rancho Cordova, CA 95670
1-800-877-7195

- Vision Plan Enrollment Authorization - STD 700
- Premier Vision Plan Enrollment Authorization - CalHR 774
- Vision Plan Direct Payment Authorization - STD 703
- Retiree Vision Plan Deduction and Enrollment Authorization - CalHR 695
- Vision Services Plan Brochure/Enrollment Form

Employee Links (just hit cancel if you are asked for a password)

Appeals and Grievances
Awards
Bargaining
Benefits
Civil Rights
Employment and Career Services
Reimbursement Accounts
Salaries
Savings Plus
Training
Travel, Relocation, and other Reimbursements

V. Retiree Links

Preparing for Retirement

CalPERS
CalPERS Death Benefits
Partial Service Retirement
Partial Service Retirement Application
Retirement Options for CEA and Exempt Employees
Savings Plus Preparing for Retirement
Nearing Retirement: Savings Plus Workshops

Retirement Benefits

CalPERS
Retiree Dental Benefits
Retiree Health Benefits
Retiree Vision Benefits
Savings Plus for Retirees
Retiree Legal Insurance

Working After Retirement

Boomerang - Retirees Job Connection
Savings Plus for Rehired Annuitants

What should I do now to prepare my beneficiaries?

One of the most important steps you can take now to prepare your beneficiaries in the event of your death is to compile the following information. We've provided a form at the end of this booklet for writing it down. Be sure to let your family or friends know where you've stored this booklet and the completed form.

The information your family or friends will need includes:

☐your full name, date of birth, and Social Security number;

☐location of your birth certificate and Social Security card;

☐your employer (department) and work location;

☐location, phone number, and e-mail address of your personnel office staff;

☐your supervisor's name, phone number, and e-mail address;

☐your employee organization/association (union), if applicable;

☐list of insurance plans you're enrolled in, e.g., life, long-term disability, health, long-term care, homeowner's/renter's, mortgage, etc.;

☐list of your savings and checking accounts, with names and locations of institutions where they are held;

☐list of stocks, bonds, and mutual funds you own, including names and locations of institutions where they are held;

☐information about retirement plans you're enrolled in such as CalPERS, Savings Plus 401(k) and/or 457 accounts, IRAs, etc.;

☐location of your safe deposit box, including key number;

☐location of your Post Office box, including key number;

☐your burial instructions;

☐location of your durable power of attorney documents;

☐location of your will and trust agreement;

☐location of your titles and deeds, e.g.: car, house, cemetery plot, real estate, etc.; and

☐location of your marriage certificate, divorce and/or legal separation papers, Armed Forces discharge papers, adoption papers, naturalization papers, state and federal income tax returns, and Medicare card.

These are just some of the things your family or friends will need to help them deal with your benefits. You may want to take other, more personal steps to ensure they have all the information necessary to carry out your instructions.

If you haven't yet planned what should happen to your assets when you die, now is a good time to begin. You can plan your estate with the help of a professional planner or your family attorney. You can even do your own estate planning using resources available at the library or via the Internet. It's never too early to plan.

Vital Information

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

PERSONAL INFORMATION	
Full Legal Name:	
Date of Birth:	Social Security Number:
EMPLOYMENT INFORMATION	
Employer (Agency or Department):	
Employer Address:	
Phone Number:	
Employee E-mail Address:	
Date of Hire:	
Supervisor's Name:	
Supervisor's Phone Number:	
Supervisor's E-mail Address:	
Personnel Office Address:	
Personnel Office Phone Number:	
Personnel Office E-mail Address:	
Employee Organization/Association Name:	
Employee Organization/Association Unit Number:	
Check One: ☐ Non-Represented ☐ Exempt ☐ Excluded ☐ Confidential	
PERS Member: ☐ Yes ☐ No	Type: ☐ Tier 1 ☐ Tier 2
EMPLOYER BENEFITS	
Check Benefits Programs you are enrolled in: ☐ Consolidated Benefits (CoBen) ☐ Flex Program ☐ Legal Services Plan ☐ Long-Term Care ☐ Long-Term Disability Program ☐ PST Retirement Program	☐ Pre-Tax Parking ☐ Savings Plus Program ☐ State Sponsored Insurance Plan ☐ Travel and Accidental Death Insurance ☐ Union Sponsored Life Insurance Plan ☐ Vision Plan

HEALTH INSURANCE	
Carrier Name:	
Address:	
Phone Number:	Membership Number:
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:	
EMPLOYER GROUP LIFE INSURANCE	
Carrier Name:	
Address:	
Phone Number:	Policy Number:
Location of Policy or Evidence of Coverage:	
EMPLOYER SUPPLEMENTAL LIFE INSURANCE	
Company Name:	
Address:	
Phone Number:	Policy Number:
Location of Policy or Evidence of Coverage:	

OTHER INSURANCE POLICIES	
Company Name:	Type of Policy
Address:	
Phone Number:	Policy Number
Location of Policy/Evidence of Coverage:	
Company Name:	Type of Policy
Address:	
Phone Number:	Policy Number:
Location of Policy/Evidence of Coverage:	
RETIREMENT BENEFITS	
Employer or Union's Name:	Type of Plan:
Phone Number:	Account Number:
OTHER RETIREMENT BENEFITS	
Firm Name:	Type of Plan:
Phone Number:	Account Number:
Firm Name:	Type of Plan:
Phone Number:	Account Number:
VETERANS BENEFITS	
Are you entitled to Veterans benefits? ☐ Yes ☐ No	
SOCIAL SECURITY BENEFITS	
Are you entitled to Social Security benefits? ☐ Yes ☐ No	
BANK INFORMATION	
Company Name:	
Checking Acct. Number:	
Savings Acct. Number:	
Other Acct. Number:	

CREDIT UNION INFORMATION	
Company Name:	
Checking Acct. Number:	
Savings Acct. Number:	
Other Acct. Number:	
OTHER FINANCIAL ASSETS	
Company Name:	
Account Number:	Phone Number:
Company Name:	
Account Number:	Phone Number:
Company Name:	
Account Number:	Phone Number:
Company Name:	
Account Number:	Phone Number:
Company Name:	
Account Number:	Phone Number:
REAL ESTATE	
Property Location:	
Lender:	
Phone Number:	Account Number:
Location of Deed/Title:	
Property Location:	
Lender:	
Phone Number:	Account Number:
Location of Deed/Title:	

FAMILY ADVISORS
Personal Attorney:
Address:
Phone:
Stock Broker/ Financial Planner/CPA:
Address:
Phone:
Other:
Address:
Phone:

LOCATION OF IMPORTANT RECORDS	
Type of Information	**Location**
Wills/Trust:	
Power of Attorney:	
Health Care Proxy:	
Burial/Cremation/Funeral Instructions:	
Motor Vehicles Titles(s):	
Birth Certificates:	
Marriage Certificates:	
Divorce Certificates:	
Social Security Card:	
Employment Records:	
Armed Forces Records:	
Tax Records:	
Stocks/Bonds/Certificates:	
Homeowners Insurance Policy(ies):	

Automobile Insurance Policy (ies):	
Other:	
Other:	
Other:	

SAFETY DEPOSIT BOX	
Location of Box	
Box Number:	Location of Key:

POST OFFICE BOX	
Location of Box:	
Box Number:	Location of Key:

AUTHORIZATION	
Signature:	Date:

Disclaimer: This document is for your personal recordkeeping and is not intended to take the place of a will or a trust.