

Planning Beyond the Will

Emergency Contacts



Medical

Primary Care Physician:

Office number:

Alternate number:

Specialist:

Office number:

Alternate number:

Dentist:

Office number:

Alternate number:

Veterinarian:

Office number:

Alternate number:

Employer / Work Information

Employer name:

Employer contact

- Name and title:
- Phone:
- Alternate number:
- Email address:

HR Contact

- Name:
- Phone:
- Email address:

Family and Friends

(family members and friends to contact in the case of an emergency)

Healthcare POA:

Relationship:

Phone:

Alternate phone:

Financial POA:

Relationship:

Phone:

Alternate phone:

Local contact name:

Relationship:

Phone:

Alternate phone:

Local contact name:

Relationship:

Phone:

Alternate phone:

Other contact name:

Relationship:

Phone:

Alternate phone:

Other contact name:

Relationship:

Phone:

Alternate phone:

Professional Contacts

Estate Planning Attorney:

Office number:

Alternate number:

Email:

Insurance agent:

Office number:

Alternate number:

Email:

Wealth Manager:

Office number:

Alternate number:

Email:

Priest / Pastor / Spiritual Advisor:

Office number:

Alternate number:

Email:

Other professional (name and title):

Office number:

Alternate number:

Email:

Other professional (name and title):

Office number:

Alternate number:

Email:

Home Services

Security company:

Emergency number:

Phone safe word:

Entry instructions:

Location(s) of extra key(s):

Internet provider:

Emergency or contact number:

Electric company:

Emergency number:

Office phone:

Gas company:

Emergency number:

Office number:

Water / sewer service:

Emergency number:

Office number:

Oil/Propane:

Emergency number:

Office number:

Insurance Information

Name of insurance company:

Type of insurance (i.e., medical, homeowner's, flood, auto, life etc.):

Covered person:

Agent or contact person:

Main contact number:

Emergency contact number:

Online login ID and password:

Policy number:

Insurance Information (continued...)

Name of insurance company:

Type of insurance (i.e., medical, homeowner's, flood, auto, etc.):

Covered person:

Agent or contact person:

Main contact number:

Emergency contact number:

Online login ID and password:

Policy number:

Name of insurance company:

Type of insurance (i.e., medical, homeowner's, flood, auto, etc.):

Covered person:

Agent or contact person:

Main contact number:

Emergency contact number:

Online login ID and password:

Policy number:

Name of insurance company:

Type of insurance (i.e., medical, homeowner's, flood, auto, etc.):

Covered person:

Agent or contact person:

Main contact number:

Emergency contact number:

Online login ID and password:

Policy number:

Name of insurance company:

Type of insurance (i.e., medical, homeowner's, flood, auto, etc.):

Covered person:

Agent or contact person:

Main contact number:

Emergency contact number:

Online login ID and password:

Policy number:

Insurance Information (continued...)

Name of insurance company:

Type of insurance (i.e., medical, homeowner's, flood, auto, etc.):

Covered person:

Agent or contact person:

Main contact number:

Emergency contact number:

Online login ID and password:

Policy number:

Name of insurance company:

Type of insurance (i.e., medical, homeowner's, flood, auto, etc.):

Covered person:

Agent or contact person:

Main contact number:

Emergency contact number:

Online login ID and password:

Policy number:

Name of insurance company:

Type of insurance (i.e., medical, homeowner's, flood, auto, etc.):

Covered person:

Agent or contact person:

Main contact number:

Emergency contact number:

Online login ID and password:

Policy number: