

# PREPARING FOR EMERGENCIES





Will you and your loved ones be ready the next time disaster strikes? By planning ahead, you can protect yourself and alleviate some of the confusion, fear, and loss.

The following worksheets will help you get started. When you're caught in an emergency situation, you won't have much time to retrieve information. Organizing contact phone numbers, financial records, medical and property insurance policies, and personal identification information will make it easier for you to access resources quickly. The time you spend on these worksheets now can potentially save you hours of headaches down the road.

Review this information regularly to make sure it's up to date. Place it somewhere that is secure, but easily accessible. We also recommend making photocopies of important documents and attaching them to the worksheet. Important records include financial statements, personal will, power of attorney, insurance policies, and estate documents. Also, storing these documents electronically using the cloud, is recommended. Finally, you may want to consider giving a copy of these worksheets to someone you trust, such as your attorney or financial professional.

## Preparing for Emergencies

### Saving for Emergencies

Financial specialists agree that an emergency fund is an essential part of a financial preparedness strategy. This fund gives you quick access to money without any penalties or restrictions. Experts recommend setting aside a minimum of three to six months' worth of total living expenses. This emergency fund should be separate from your regular checking account and is set up just for that purpose—emergencies.

In the event of a natural disaster, it's also recommended to have cash available at hand to support your family for three to five days, since ATMs and banks may not be easily accessible.

### Medical Information

Before a medical emergency occurs, have all your vital medical information for yourself, family, and pets in writing. Some examples of important medical information are physicians' numbers, blood types, current medications, and insurance identification numbers.

### Emergency Contact Information

In addition to local emergency contacts, it's important to ask relatives or friends who live out of state to serve as a "clearinghouse" for information about you and your family, should a widespread emergency situation occur.

### Reunification Plan

You and your family members should decide on a secure location where family members can go should you get separated during an emergency. During a widespread disaster, family members may not be able to get to that secure location immediately, but you will know they are attempting to get there as soon as possible.

### Putting It All Together

Having your important personal information in the worksheets provided can help you assemble and organize pertinent documents that will be useful during an emergency. By planning ahead, you can help protect yourself and your loved ones during a crisis. Please modify the following categories as they correspond to your individual situation.

Date Last Updated: \_\_\_\_\_

## Your Personal Information

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Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Passport #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Vehicle License Plate #: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Supervisor's Email Address: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Medical Plan Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

## Spouse / Partner's Information

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Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Passport #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Vehicle License Plate #: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Supervisor's Email Address: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Medical Plan Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

## Children's Information

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Child Name (1): _____	Child Name (2): _____
Cell Phone #: ( _____ ) _____	Cell Phone #: ( _____ ) _____
SSN: _____	SSN: _____
Daycare/School Name: _____	Daycare/School Name: _____
Phone #: ( _____ ) _____	Phone #: ( _____ ) _____
Teacher: _____	Teacher: _____
Phone #: ( _____ ) _____	Phone #: ( _____ ) _____
Physician: _____	Physician: _____
Phone #: ( _____ ) _____	Phone #: ( _____ ) _____
Blood Type: _____	Blood Type: _____
Allergies: _____	Allergies: _____
Medications: _____	Medications: _____

Child Name (3): _____	Child Name (4): _____
Cell Phone #: ( _____ ) _____	Cell Phone #: ( _____ ) _____
SSN: _____	SSN: _____
Daycare/School Name: _____	Daycare/School Name: _____
Phone #: ( _____ ) _____	Phone #: ( _____ ) _____
Teacher: _____	Teacher: _____
Phone #: ( _____ ) _____	Phone #: ( _____ ) _____
Physician: _____	Physician: _____
Phone #: ( _____ ) _____	Phone #: ( _____ ) _____
Blood Type: _____	Blood Type: _____
Allergies: _____	Allergies: _____
Medications: _____	Medications: _____

## Pets' Information

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Pet Name (1): _____	Pet Name (2): _____
Pet Type: _____	Pet Type: _____
Veterinarian Name: _____	Veterinarian Name: _____
Phone #: ( _____ ) _____	Phone #: ( _____ ) _____
Medications: _____	Medications: _____
Special Needs: _____	

## Investment Accounts

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Firm Name: \_\_\_\_\_ Financial Professional Name: \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

## Other Professional Services

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Attorney: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

CPA/Tax Professional: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

## Banking Information

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Bank Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

Checking Acct. #: \_\_\_\_\_ ATM: \_\_\_\_\_

Savings Acct. #: \_\_\_\_\_ Other Acct. #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

Checking Acct. #: \_\_\_\_\_ ATM: \_\_\_\_\_

Savings Acct. #: \_\_\_\_\_ Other Acct. #: \_\_\_\_\_

## Insurance Information

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Automobile Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Cars Insured (license plates): \_\_\_\_\_

## Insurance Information (continued)

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Homeowner's Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Umbrella Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Life Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Disability Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Long-Term Care Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

## Credit Card Information

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Credit Card Company: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Credit Card Company: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Credit Card Company: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Credit Card Company: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

## Mortgage Information

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Institution Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Account #: \_\_\_\_\_

Institution Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Account #: \_\_\_\_\_

## Consumer Loans

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Home Equity Loan Provider: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Account #: \_\_\_\_\_

Car Loan Provider: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Account #: \_\_\_\_\_

## Emergency Contact List (make sure one contact is from out-of-state)

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Emergency: 911 \_\_\_\_\_ Police Department: \_\_\_\_\_

Hospital: \_\_\_\_\_ Fire Station: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

## Emergency Meeting Places

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Within the Neighborhood

Address: \_\_\_\_\_

Landmark: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Outside the Neighborhood/Out of Town

Address: \_\_\_\_\_

Landmark: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

## Miscellaneous Information

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