# Emergency Contacts & Papers

Florida Family Coverage

Fill this out and keep it where family or first responders can find it, like on the refrigerator. Give a copy to someone you trust.

## About me

**Name** _____ **Date of birth** _____

**Address** _____

**Phone** _____ **Primary language** _____

## Call these people first

| Name | Relationship | Phone | Other phone |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## Health

**Main doctor** _____ **Phone** _____

**Specialist** _____ **Phone** _____

**Pharmacy** _____ **Phone** _____

**Preferred hospital** _____

**Health conditions** _____

**Allergies** _____

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## Insurance

**Health plan name** _____

**Member services phone** _____

**Life insurance company** _____

**Policy number** _____

**My insurance agent** _____

**Agent phone** _____

## Where my important papers are kept

| Paper | Where it is kept |
|---|---|
| Will or trust | |
| Health care surrogate designation | |
| Living will | |
| Durable power of attorney | |
| Life insurance policies | |
| Medicare, Medicaid and health cards | |
| Bank accounts and checkbook | |
| House deed or lease | |
| Car title | |
| Social Security and pension papers | |

## Pets, home and other notes

Who will care for pets, who has a spare key, and anything else family should know:

> Keep card numbers and account numbers in a safe place. Do not give them to callers you did not call yourself.