

Date Received:	For Office Use Only			
	Q. Rev. _____ Initials Date	HCP/POA Mailed _____ Initials Date		
	W. Rev. _____ Initials Date	W. Mailed _____ Initials Date		

Personal Data

The information requested on this Personal Data Sheet will be used solely for the preparation of your legal documents. All documents drafted in response to this completed questionnaire will be prepared for the Covered Individual named on this Personal Data Sheet. You cannot divide the documents in this Security Package between Covered Individuals. Complete attorney/client confidentiality will be preserved at all times. If you have any questions, please call the National Legal Office at 800-832-5182 (for New York residents) or 800-292-8063 (for residents of all other states). Florida residents may contact the Florida State Legal Office at 954-424-1200 or 800-654-1945.

(Please Print)

Legal Service Plan Covered Participant's Name:			
First	Middle	Last	NYSUT Member ID#
1. Your Name (if other than above):			
First	Middle	Last	
2. Relation to Participant: _____		3. Date of Birth: _____	
4. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		5. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
		<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partners	
6. Current Address:			
Street _____		City _____	
County _____		State _____	Zip _____
7. Telephone number(s):			
Home () _____		Work () _____	
8. Email Address _____			
9. Citizen of what country: _____			
10. If married, spouse's or domestic partner's name: _____			
11. Indicate if spouse or domestic partner has been known by another name: _____			
12. Spouse or domestic partner is a citizen of what country: _____			

I. Health Care Proxy and II. Living Will

The Health Care Proxy (also known in some states as the "Medical Durable Power of Attorney") allows you to appoint an agent to make all health care decisions for you in the event that you are unable to make those decisions. Your agent's authority will begin when physicians determine you lack the capacity to make health care decisions. You may appoint your spouse or domestic partner if you desire. Also, you may appoint an alternate agent in the event your primary choice is unable or unwilling to act as your agent. You may appoint one agent and one (or more) alternate agent(s). However, only one agent can act in that capacity at a time.

The Living Will (also known in some states as "Directives for Health Care" or "Instructions Regarding Medical Decisions") indicates that no heroic measures should be taken in the event survival is dependent upon the use of life-sustaining equipment.

Your Health Care Proxy Agent is required to follow the instructions of your Living Will.

The person you appoint as agent or alternate must be over eighteen (18) years old. If you appoint a physician as your agent, he or she may have to choose between acting as your agent or as your attending physician. Also, if you are a patient or resident of a hospital, nursing home or mental hygiene facility, there are special restrictions about appointing someone who works for that facility as your agent. You should ask personnel at the facility to explain those restrictions.

1. Health Care Proxy Designated Agent (decision maker)

Name: _____ Relationship: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: Home () _____ Business () _____

2. Alternate Agent (optional)

Name: _____ Relationship: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: Home () _____ Business () _____

Continued

III. Confidential Simple Will Questionnaire

Review and Consider the Following

- A. The Simple Will prepared for you based upon the information you have set forth in this questionnaire will provide for the distribution of your estate only.
- B. Reciprocal documents are two sets of documents made by two persons in which identical provisions are made in favor of each other (i.e., husband to wife, wife to husband; domestic partner to domestic partner).
- C. Non-identical documents are documents made by two persons in which the provisions are not identical. There is an additional charge to obtain non-identical Wills, Health Care Proxies and Durable Powers of Attorney.
- D. Your Will affects property held solely in your name. Jointly owned property will pass to the other joint owner. Property "In Trust For" the beneficiary of an insurance policy or an Individual Retirement Account will pass to that person or persons designated on the policy or account. Your Will only disposes of property that is not jointly owned or otherwise controlled by statute.
- E. If you would like to purchase additional Legal Security Packages, see page 10.

Assets

Your estate may be subject to New York State Estate Taxation if the sum of your assets is at least \$1 million (check your state's estate tax exemption). In addition, your estate may be subject to additional Federal and State estate taxes if you or your spouse or domestic partner are not U.S. citizens. Please call the National Legal Office to obtain estate planning advice, which may reduce any tax burden, if (a) your estate is at least \$1 million, (b) you or your spouse or domestic partner are not U.S. citizens, or (c) your estate exceeds the Federal estate tax exemption.

Will Provisions

Subsections **A, B, C, D, or E** below, respectively, set forth the Will provisions most customarily and usually requested by:

- | | |
|--|---|
| A. Married persons or domestic partners with child(ren) or grandchild(ren), or | D. Unmarried persons without child(ren) or grandchild(ren), or |
| B. Married persons or domestic partners without child(ren) or grandchild(ren), or | E. Individuals desiring an alternative plan of distribution. |
| C. Unmarried, divorced or widowed persons with child(ren) or grandchild(ren), or | |

Note: Check one box only - A, B, C, D, or E. A check mark in the box adjacent to section A, B, C, or D will indicate that you wish for your property to be distributed precisely as indicated in all of the subdivisions of that section. In the event that you do not wish your property to pass exactly as set forth in all of the subdivisions in section A, B, C, or D, check the box adjacent to section E, and indicate your plan of distribution in detail in the space provided in section E. Add additional sheets if necessary.

A. ☐ Married Persons or Domestic Partners with Child(ren) or Grandchild(ren)

Generally, most married people and domestic partners with child(ren) or grandchild(ren) provide that upon their death, their property will be distributed as follows:

1. Your estate (all property and assets not owned jointly with another person) will be distributed to your surviving spouse or domestic partner, but
2. If your spouse or domestic partner predeceases you, your estate will be divided in equal shares among all of your living children, but
3. If your spouse or domestic partner and one or more of your children predecease you, that child's share will be distributed to his or her child(ren), in equal shares, but
4. If your spouse or domestic partner and all of your children and grandchildren predecease you, your estate will be distributed to your living parent, or equally to your living parents, but
5. Should both of your parents predecease you, your estate will be distributed equally to your brothers and sisters or equally to the children of a predeceased brother or sister.

(Please check box A above only if you wish for your property to be distributed precisely and exactly as indicated in section A, 1 through 5, above.)

Note: If you have checked section A above, do not check section B, C, D, or E. If you have children under the age of eighteen (18) years, you must appoint a Guardian for those children by completing the "Guardian(s)" Section on page 6.

B. ☐ Married Persons or Domestic Partners without Child(ren) or Grandchild(ren)

Generally, most married people and domestic partners without child(ren) or grandchild(ren) provide that upon their death, their property will be distributed as follows:

1. Your estate (all property and assets not owned jointly with another person) will be distributed to your surviving spouse or domestic partner, but
2. If your spouse or domestic partner predeceases you, your estate will be distributed to your living parent, or equally to your living parents, but
3. Should both of your parents predecease you, your estate will be distributed equally to your brothers and sisters or equally to the children of a predeceased brother or sister.

(Please check box B above only if you wish for your property to be distributed precisely and exactly as indicated in section B, 1 through 3, above.)

Note: If you have checked section B above, do not check section A, C, D, or E.

C. ☐ Unmarried, Divorced or Widowed Persons with Child(ren) or Grandchild(ren)

Generally, most unmarried, divorced or widowed persons with child(ren) or grandchild(ren) provide that upon their death, their property will be distributed as follows:

1. Your estate (all property and assets not owned jointly with another person) will be distributed in equal shares to all of your living child(ren), but
2. If one or more of your children predeceases you, that deceased child's share will be distributed to his or her child(ren), your grandchild(ren), in equal shares, but
3. If all of your children and grandchild(ren) predecease you, your estate will be distributed to your living parent, or equally to your living parents, but
4. Should both of your parents predecease you, your estate will be distributed equally to your brothers and sisters or equally to the children of a predeceased brother or sister.

(Please check box C above only if you wish for your property to be distributed precisely and exactly as indicated in section C, 1 through 4, above.)

Note: If you have checked section C above, do not check section A, B, D, or E. If you have children under the age of eighteen (18) years, you must appoint a Guardian for those children by completing the "Guardian(s)" Section on page 6.

Continued

D. ☐ Unmarried Persons without Child(ren) or Grandchild(ren)

Generally, most unmarried persons without child(ren) or grandchild(ren) provide that upon their death, their property will be distributed as follows:

1. Your estate (all property and assets not owned jointly with another person) will be distributed to your living parent, or equally to your living parents, but
2. Should both of your parents predecease you, your estate will be distributed equally to your brothers and sisters or equally to the children of a predeceased brother or sister.

(Please check box D above only if you wish for your property to be distributed precisely and exactly as indicated in section D, 1 through 2, above.)

Note: If you have checked section D above, do not check section A, B, C, or E.

E. ☐ Alternate Plan of Distribution

Because your Will is a statement of your wishes and instructions, you may distribute your assets in any manner you choose. However, the following statutory limitations and rights may apply. These limitations and rights may vary by state.

1. In the event that you do not give your spouse at least a one-third share of your estate, your spouse may then, upon your death, contest the Will and assert his or her statutory right to receive a one-third share of your estate. For Florida Wills, the applicable percentage is 30%. **Note:** A separated spouse retains statutory rights, unless he or she has waived these rights in a separation agreement or other document.
2. If you have children under age 18 whom you named as beneficiaries of your estate, the person(s) you appoint as their Guardian will oversee your children's inheritance until your children reach age 18. Should you wish to establish a Trust for your children in your Will, instead of having their inheritance placed in a Guardianship account, please indicate so below, and you will be contacted by the National Legal Office. **Note:** The creation of a Trust is **NOT** included in the free Simple Will benefit provided by the Legal Service Plan.
3. **For Wills prepared in Florida:** In the event any lineal descendants or spouse survives you, and your Will gives part or all of your estate to charities, your surviving spouse or descendants may, upon your death, contest your Will in Florida and assert their statutory right to receive a share of the charitable gift, unless the Will is executed at least six (6) months prior to your death.

If, after considering all the preceding provisions and limitations, you choose to provide an alternative method of distribution, check box E above and describe, in detail, every provision that you desire to be included in your plan of distribution. Please include the full names and relationships of all beneficiaries.

You may list specific gifts to individuals and/or divide your estate among several individuals by listing percentages to each, making sure the percentages total 100%. Type or print clearly. Add additional sheets if necessary.

Note: If you have checked section E above, do not check section A, B, C, or D.

Estate Executor (Male) - Executrix (Female) - Personal Representative (Florida)

The person charged with administering your estate; paying taxes and/or other debts; and preserving, managing, and distributing estate assets and property is called an Executor, Executrix or Personal Representative. This person should be one in whom you have complete trust and confidence. **Your spouse or domestic partner may be named if you so desire.**

Please provide the following information about the person you wish to name to serve in this capacity.

1. Primary choice of Executor, Executrix or Personal Representative (can be your spouse or domestic partner). Full name: _____ Relationship: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female If you wish to have an individual serve with your primary choice as co-executor, co-executrix or co-personal representative , insert that individual's name below: Full name: _____ Relationship: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	2. Alternate choice of Executor, Executrix or Personal Representative. This individual will serve in the event either the primary or co-executor(trix)/personal representative is not available or alive at the time of your death. Full name: _____ Relationship: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female "Joint" Alternate Executor, Executrix or Personal Representative (if you so desire). Full name: _____ Relationship: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
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Guardian(s) of Minor Children

The surviving parent of a child under the age of eighteen (18) is ordinarily entitled to be the Guardian of that child. In the case of simultaneous death of you and your spouse, or if you are a single parent, you should appoint a Guardian for your child(ren) under the age of eighteen (18). Prior to the completion of this Questionnaire, you should make sure your proposed Guardian(s) is (are) willing to serve as Guardian(s). This Guardian will have legal custody of your children in the event that you and your spouse die before your children reach age eighteen (18). To appoint a Guardian in your Will, please complete the Guardian section on page 7.

An individual will be disqualified from acting as a Guardian or Executor/Executrix/Personal Representative if that individual is:

1. Less than eighteen (18) years of age, or
2. A judicially declared incompetent, or
3. A non-United States citizen who does not reside in the United States, or
4. A convicted felon.

For Wills being prepared in Florida: When naming a Guardian/Personal Representative, the individual must be a Florida resident unless the individual named is your spouse, or blood relation, or the spouse of a blood relation. These individuals can serve even if they are not residents of Florida.

Important information concerning Guardianship: Another important factor to consider is how your children will inherit from your estate if they are under age eighteen (18). If you have a Simple Will prepared and only complete the Guardian section, assets passing under your Will to your children will be placed under a Court-supervised Guardianship Estate. The Guardian of your children will account to the Court annually for the funds in the estate until your children reach age eighteen (18). The Guardian will also have to request the Court's permission to withdraw funds from the Guardianship accounts for your children's needs.

Many parents prefer to establish a Trust for their minor children in their Wills. Through the Trust, parents can name Trustees (who may also be the same persons as the Guardians) to hold assets inherited by their children, and use the funds for the children's needs (health, education, maintenance, support, etc.). The Trustees do not need Court permission to withdraw money from the Trust for the children's needs. In addition, parents may even choose to stagger the outright distribution in equal portions, for example, at ages 21, 25 and 30.

Once you establish a Trust within a Will, the document is no longer considered a Simple Will and it is not included in your free Simple Will benefit. If you wish to establish a Trust for your children, additional fees will be incurred. Please contact the National Legal Office for further instructions. The National Legal Office telephone numbers are listed on page 1.

Provide the following information about the person(s) you select to be Guardian(s). In the event that my spouse predeceases me, I name as Guardian(s):

1. Primary choice of Guardian:	2. Alternate choice of Guardian:
Full name: _____	Full Name: _____
Relationship: _____	Relationship: _____
"Joint" Guardian (if you so desire):	"Joint" Alternate Guardian (if you so desire):
Full name: _____	Full name: _____
Relationship: _____	Relationship: _____

Elder Law Rider

- If you would like to obtain a Legal Security Package for a parent or grandparent and your current Plan does not include the Elder Law Rider, you must purchase the Rider for a fee of \$55 with the Plan Administrator, NYSUT Member Benefits Trust, by calling 800-626-8101. Additional charges may apply; see below.
- **If you have the Elder Law Rider and would like to purchase additional Legal Security Packages,** please contact the Plan's National Legal Office at 800-832-5182 in New York or 800-292-8063 in all other states. The Legal Security Package(s) can be accessed through the Internet or mailed to you.

You are a Group Access participant if you work for an employer who, pursuant to the terms of a collective bargaining agreement or other written agreement, makes contributions on your behalf to the Group Access Legal Service Plan, or if your local association or benefit fund has purchased the Plan from the NYSUT Member Benefits Trust.

I. Power of Attorney for Financial Transactions

The Power of Attorney permits you to designate one or two people as your decision maker(s), referred to as your agents(s), to handle your financial affairs (as opposed to your health affairs) if you are unable to do so. If you prefer to designate more than one person as your agents(s), you may do so, but you must specify whether you want those persons to act "**Jointly**" or "**Separately**." If they are to act **Jointly**, both must sign your financial papers. If they are to act **Separately**, each one can act independently of the other. This Power of Attorney provides your agents(s) with full authority to sign your name to any legal document, in addition to acting as your agent in specific situations, such as making decisions regarding retirement plans, making gifts, tax elections, etc.

Please Note: With respect to the Power of Attorney (POA) only, if a second POA is requested within the same Plan year, there will be an additional charge of \$75 for the second POA, payable to either **Feldman, Kramer & Monaco, P.C.**, or **Glantz Law for Florida residents**. If you do not draft a POA in a prior Plan year, you would be entitled to two (2), free, POAs in your second subsequent Plan year. If the POA is for a covered participant under the Elder Law Rider, the \$75 charge will apply.

1. Agents(s) (decision maker)	2. Co-Agents(s) (optional)
Name_____	Name_____
Address_____	Address_____
_____ (NO P.O. Box)	_____ (NO P.O. Box)
Relationship_____	Relationship_____
Check one if you appoint more than one person: <input type="checkbox"/> Act Separately <input type="checkbox"/> Act Jointly	

You may also prefer to appoint an alternate agent(s) to manage your financial affairs in the event your primary agent(s) cannot serve because of death, resignation, incapacity, or any other reason.

1. Alternate Agents(s) (decision maker)	2. Alternate Co-Agents(s) (optional)
Name_____	Name_____
Address_____	Address_____
_____ (NO P.O. Box)	_____ (NO P.O. Box)
Relationship_____	Relationship_____
Check one if you appoint more than one person: <input type="checkbox"/> Act Separately <input type="checkbox"/> Act Jointly	

Power of Attorney, continued...

IMPORTANT FOR NEW YORK STATE RESIDENTS: **(PLEASE READ CAREFULLY)**

***FAILURE TO COMPLETE THIS FORM WILL RESULT IN A
DELAY OF PROCESSING YOUR DOCUMENTS!***

A. The new **NEW YORK** Power of Attorney allows for you to appoint a third party, a "**monitor**," to **oversee the actions of your agent(s)**. The monitor can demand from your agent(s) documentation concerning transactions your agent(s) made on your behalf. If you wish to appoint a monitor to oversee your agent(s), please check the below box:

☐ Yes, I would like a monitor to oversee my agent(s).

(Name and Address of Monitor)

☐ No, I would not like to appoint a monitor at this time.

B. The new **NEW YORK** Power of Attorney requires that you sign a Statutory Gifts Rider (SGR) if you wish to allow your agent(s) appointed under your Power of Attorney to make gifts. This rider is an **optional** document that allows your agent(s) to make gifts of your money or property during your lifetime under his or her authority in your Power of Attorney. In order for a principal to authorize an agent(s) to make gifts, **you must execute the SGR in addition to the Power of Attorney**. If you wish to allow your agent(s) to make gifts on your behalf, please check the box below:

☐ Yes, I wish to allow my agent(s) to make gifts on my behalf;
provide me with a Statutory Gifts Rider.

☐ No, I do not wish to allow my agent(s) to make gifts on my
behalf. I do not wish to complete a Statutory Gifts Rider.

***** You should strongly consider granting gifting power with your SGR to your agent(s). Gifting can be an integral and necessary part of your overall estate plan. Not providing your consent to gift your assets under the SGR could potentially handicap the ability of your agent(s) to take advantage of favorable tax planning and even inhibit your future Medicaid eligibility.**

Sign, Date and Mail

If you are a Voluntary Legal Service Plan participant (i.e., you purchased the Plan) and would like additional documents for your spouse or domestic partner within your first Plan year, please check the appropriate box below:

- | | |
|---|--|
| <input type="checkbox"/> Non-Identical/Reciprocal Simple Will, Health Care Proxy & Living Will -- \$50 (if you are in your first Plan year) | <input type="checkbox"/> Power of Attorney -- Free (if you are in your second subsequent Plan year and did not utilize the document in the prior year) |
| <input type="checkbox"/> Non-Identical/Reciprocal Simple Will, Health Care Proxy & Living Will -- Free (if you are in your second subsequent Plan year and did not utilize the documents in the prior year) | <input type="checkbox"/> Power of Attorney -- \$75 (if you are in your first Plan year) |
| <input type="checkbox"/> Non-Identical/Reciprocal Simple Will, Health Care Proxy, Living Will & Power of Attorney -- \$100 (if you are in your first Plan year) | <input type="checkbox"/> Non-Identical/Reciprocal Simple Will, Health Care Proxy, Living Will & Power of Attorney -- Free (if you are in your second subsequent Plan year and did not utilize the documents in the prior year) |
-

If you are a Group Access Legal Service Plan participant (i.e., your local union, benefit fund or district purchased the Plan for a group), you may obtain Reciprocal Wills for you and your spouse/domestic partner at no additional cost. Or, if you would like additional documents for your spouse/domestic partner, please check the appropriate box below:

- | | |
|--|--|
| <input type="checkbox"/> Reciprocal Simple Will -- Free | <input type="checkbox"/> Power of Attorney -- \$75 (if you are in your first Plan year) |
| <input type="checkbox"/> Non-Identical Simple Will, Health Care Proxy & Living Will -- \$50 (if you are in your first Plan year) | <input type="checkbox"/> Power of Attorney -- Free (if you are in your second subsequent Plan year and did not utilize the document in the prior year) |
| <input type="checkbox"/> Non-Identical Simple Will, Health Care Proxy & Living Will -- Free (if you are in your second subsequent Plan year and did not utilize the documents in the prior year) | |
-

If your Voluntary/Group Legal Service Plan includes the Elder Law Rider and you are requesting documents for a covered individual (i.e. Parent, Grandparent, Parent-in-Law, and Grandparent-in-Law) under the Elder Law Rider, please check the appropriate box below:

- ☐ Simple Will, Health Care Proxy & Living Will -- Free (once per year, \$50 for each additional)
- ☐ Power of Attorney -- \$75
- ☐ Simple Will, Health Care Proxy, Living Will & Power of Attorney -- \$100

Please note: All documents in each Legal Security Package must be prepared for the same individual.

Please make checks payable to **Feldman, Kramer & Monaco, P.C.**; if you are a **Florida resident**, please make checks payable to **Glantz Law**.

Signature of Covered Individual for whom all Date
documents are to be prepared

Signature of Spouse or Domestic Partner Date
if Reciprocal Simple Will has been requested

Where to mail your completed Legal Security Package

1. For documents prepared for residents of all states except Florida, mail your completed Legal Security Package to: **Feldman, Kramer & Monaco, P.C., Attorneys at Law, 330 Vanderbilt Motor Parkway, Hauppauge, NY 11788-5110.**

2. For documents prepared for residents of Florida, mail your completed Legal Security Package to: **Glantz Law, Wellesley Corporate Plaza, 7951 S.W. 6th Street, Suite 200, Plantation, FL 33324.**

Four to six weeks following our receipt of this Legal Security Package, your legal documents and a copy of your Will will be forwarded to you along with the name, address and telephone number of an attorney in your geographical area who will supervise the execution of your Will at no cost.

Please Do Not Detach This Portion

Your completed Legal Security Package documents and copy of same will be forwarded to you along with appropriate instructions and the name of an attorney in your geographical area who will supervise their execution. Provide the information requested below to facilitate mailing.

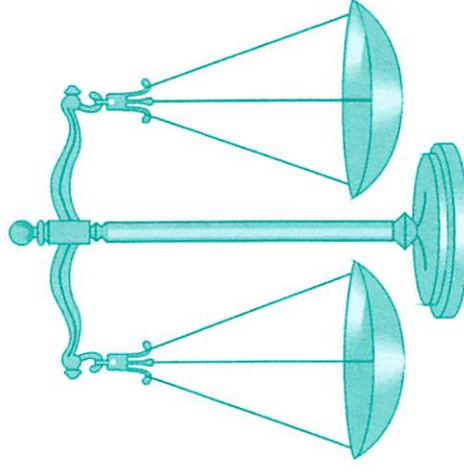
Your Mailing Address

Name _____

Address _____

City _____ State _____ Zip _____

Legal Service Plan



Legal Security Package