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In the event of an emergency or an unexpected sudden death in the family, it’s best to be prepared as much as possible ahead of time. Attached are a number of checklists and information sheets that you should prepare and share with your spouse and family. Don’t put off considering and preparing for some of these things, even though it’s easier not to think about them until they occur.

WHY DO I NEED A “PERSONAL AFFAIRS RECORD”?

Most employees/retirees do not have their affairs in order.

Some employees/retirees are reluctant to share personal information.

It is important for someone to be aware of your assets and liabilities.

It is important that you have a health care agent to make medical decisions for you if you are not able to make them yourself.

It is very important that someone is aware of your desires with regard to your funeral arrangements.

It is important for your spouse/domestic partner to know whom to contact and how to contact them in the case of an emergency or death.

It is important that someone is aware of special needs of children or Your pets.

It is important for your family to know about your wishes to donate any organs.

Contact your TMAP Representative for assistance
Caleb Good 630-485-0227
John DiPrima 847-924-2954
Mark Englert 630-542-0034
Scott Pentecost 847-312-2894
**Things To Be Done At The Time of Death**

1. Decide on time and place of funeral or memorial service(s), contact clergy.

2. Contact UAL Supervisor, UAL Benefits (1-888-825-0188) and IBT EAP rep. IMMEDIATELY, also notify friends and family.

3. If flowers are to be omitted, decide on an appropriate memorial to which gifts may be made (such as a church, library, school, or some charity).

4. Write obituary. Include age, place of birth, cause of death, occupation, college degrees, memberships held, military service, outstanding work, list of survivors in immediate family. Give time and place of service. Deliver in person, or phone to newspapers.

5. Notify insurance companies.

6. Arrange for members of family or close friends to take turns answering door or phone, keeping careful record of calls.

7. Arrange appropriate childcare.

8. Coordinate the supplying of food for the next few days.

9. Consider special needs of the household, such as cleaning, etc., which might be done by friends.

10. Arrange hospitality for visiting relatives and friends.

11. Select pallbearers and notify. (Avoid men with heart or back difficulties. Make them honorary pallbearers.)

12. Notify lawyer and executor (of the will).

13. Plan for disposition of flowers after funeral (hospital, rest home and families?).
14. Prepare list of distant persons to be notified by letter and/or printed notice, and decide which to send each.

15. Prepare copy for printed notice, if one is wanted.

16. Prepare list of persons to receive acknowledgements of flowers, calls, etc. Send appropriate acknowledgements (can be written notes, printed acknowledgements, or some of each).

17. Check carefully all life and casualty insurance and death benefits, including Social Security, credit union, trade union, fraternal and military, credit cards and life insurance policies. Check also on income for survivors from those sources.

18. Check promptly on all debts and installment payments. Some may carry insurance clauses that will cancel them. If there is to be a delay in meeting payments, consult with creditors and ask for more time before payments are due.

19. If deceased was living alone, notify utilities and landlord and tell post office where to send mail.

20. In the event of death in the family, make sure that the survivors apply for any and all benefits they think they might be eligible for.

21. Apply immediately for Social Security benefits as a $255 + lump sum is payable to the surviving spouse for funeral benefits. If there are surviving minor children, apply for their benefits also. In order to apply for benefits you will need the decease’s Social Security Card.

22. Attain at least 10 Death Certificates from Funeral Home or Coroner. (It could take an Extended period of time to obtain additional copies)

23. Contact PBGC at 1-800-400-7242 or www.PBGC.gov. If applicable also contact the Veterans Administration at 1-800-827-1000 or www.va.gov for survivor benefits.
A Checklist for your Family

Attached are a number of checklists and information sheets that should be used in the event of an emergency or sudden death in your family. This information should be readily available to your loved ones.

Your employee file number: ______________

Your company’s present / last address code: ______________

Your present / last team leader’s name and work phone number:
_____________________________________________________________________

Your present / last manager’s name and work phone number:
_____________________________________________________________________

Office secretary’s name and phone number:
_____________________________________________________________________

Other employers' names and phone numbers:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Children / Parents / Significant others names and phone numbers:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

If there is a death in the family and the deceased has donated any organs:
Location of consent papers: __________________________________________

Who to contact: ____________________________________________________

Emergency notification names and phone numbers:
_____________________________________________/__________________________
_____________________________________________/__________________________
_____________________________________________/__________________________

Financial/Personal Information Checklist (for you & spouse)

Full Names: _____________________________________________________________

Address: __________________________________________________________________

Date of birth & location of birth certificate (make sure your copies have the raised or embossed seal on them. Keep 3 or more on hand, in the event of death, you will need them): __________________________

___________________________________________________________________________

Date, place and location of marriage certificates: ________________________________

___________________________________________________________________________

Name & date of any prior marriages & locations of settlement papers:
___________________________________________________/______________________
___________________________________________________/______________________

Names/Addresses / Date of Birth, Death / of your children:
(Have available embossed seal birth certificates of children):
___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Names/Addresses of parents: ________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Names/Addresses of your siblings: ___________________________________________
Social Security Number: _______/_______/________
Location of Social Security Card: (it will be needed when dealing with the SS Office)

**Your company records** are only a part of your total personal financial status. Your own insurance policies, investments and plans for the future are important components of your total financial standing. You may want to use the “notes” sections of this booklet to record other data related to your situation. These records can be a useful reference for your beneficiaries to identify your insurance carriers, policy numbers, and location of policies. In addition you may wish to include the following information:

Location of my will, trust or living trust:_____________________________________

My executor: __________________________________________________________________

My attorney: ________________________________________________________________

Location of safety deposit box: ________________________________________________

**Personal savings and investments**

Location and identifying numbers: ________________________________________________

Location of important documents (bank accounts, title to property, deeds, etc.): ______

__________________________________________________________________________
Location of Will or Trust (A lawyer is not necessary to handle the details of your estate, although it may make it less of a burden for the survivors if all the information is gathered together ahead of time. Some attorneys will offer a one-time consultation for a minimum fee in the event of a death in the family): ________________________________

________________________________________________________________________

Bank accounts – saving/checking/credit cards/any other: __________________________

________________________________________________________________________

Securities (Stocks/Savings Bonds/etc.): __________________________

________________________________________________________________________

IRA Accounts Invested with: ________________________________

Location of IRA papers: ________________________________

401K Plan Invested with: ________________________________

Location of 401K plan papers: ________________________________

ESOP Accounts Invested with: ________________________________

Number of Shares: _____ Location of papers: ________________________________

Savings Bonds:       Current Value: $__________  Number of bonds: ________

Bond Numbers: #________  #________  #________  #________  #________  #________

Location of Bonds: ________________________________

Life Insurance Policies: ________________________________

Credit Union Information:  (1-800-4UALECU / 1-800-482-5328)
UAL File Number: ________
(Savings): ________________________________
(Loans): __________________________________________________________________________

(Checking): __________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Retirement Benefits  Call UAL Benefits 1-888-825-0188 and PBGC at 1-800-400-7242

Fraternal Organizations (church groups, Masons, unions etc.):

____________________________________________________________________________________

____________________________________________________________________________________

Veteran benefits (discharge papers, DD form 214, may make one eligible for certain funeral benefits):

____________________________________________________________________________________

____________________________________________________________________________________

Automobile ownership & insurance information: __________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Real property (legal description of your property, the exact name in which you hold title to the property, & mortgage company):

1) __________________________________________________________________________

____________________________________________________________________________________

2) __________________________________________________________________________

____________________________________________________________________________________

Home/Personal property insurance information: __________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Safety deposit box & location of key: __________________________________________________________________________
Credit card information: ____________________________________________________________

Monthly bills that need to be paid (how much, to whom and date they need to be paid):

   Home mortgage: ________________________________________________________________
   Property taxes: ________________________________________________________________
   Car payment: _________________________________________________________________

Insurance policies:
   Life insurance: ________________________________________________________________
   Medical insurance: _____________________________________________________________
    Hospital: ________________________________
    Address: ________________________________
    Doctor’s name: __________________________
   Dental insurance: _____________________________________________________________
    Dentist’s address: __________________________

Some credit card companies, checking accounts, automobile insurance policies, automobile road service agencies (C.S.A.A., AAA) may have small life insurance policies added to them. Check everything and ask questions.

Tax consultant name and phone #: ________________________________________________

Tax records location: ____________________________________________________________

Miscellaneous information: ________________________________________________________

________________________________________________

________________________________________________________________________
Vital Statistics & Historical Data

Name: ________________________________________________________________

Address: ______________________________________________________________

____________________________________________________________________

Birthplace: ___________________________ Date of Birth: ___________________

Occupation (or retired from): ____________________________________________

Union membership: ____________________________________________________

Never Married: _____ Married: _____ Widowed: _____ Divorced: _____ Other: _____

Spouse / Domestic Partner of: ____________________________________________

Parent of: ____________________________________________________________

____________________________________________________________________

In city since: _________________________ Citizen of: _________________________

Name of parents: _______________________________________________________

If Veteran, branch of service and places served (wars, units etc.) name

____________________________________

Education: ____________________________________________________________

Date & place of services: ________________________________________________

Miscellaneous information: ______________________________________________

____________________________________________________________________
Notifying United Airlines of an Employee Death

Of an active employee:

If you die as an active employee, a friend or family member should notify your department. Your supervisor will work with the Benefits Department (1-888-825-0188) to insure that any benefits you qualify for are activated.

Of a retiree:

The company must be contacted when a retiree or retiree’s spouse / domestic partner dies. You or your survivor may report the death to the Retiree Service center at 1-888-825-0188. They will notify United and the survivor of any benefits that may apply.

PBGC Benefits for Survivors

Contact PBGC at 1 800-400-7242 or go to www.PBGC.gov.
Medical Coverage

Active Employee Death:

Medical benefits for the surviving dependents of a deceased active employee continue for a 90-day period at the same cost as an active employee. With more than 10 years of service your spouse will receive Medical coverage at the subsidized rate until they die, re-marry or reach 65.

Should you die with less than 10 years of service, your dependent coverage will continue for 90 days following your death at the same cost as an active employee. Your dependent(s) may be eligible to continue coverage for up to 33 additional months by making the required contributions to the Plan for this coverage. (COBRA Premiums)

If your spouse was not covered by UAL insurance at the time of death, contact UAL Benefits at 1-888-825-0188 for more information on receiving coverage.

This coverage applies to the Traditional Medical Benefits Plan or a Health Maintenance Organization (HMO), whichever plan you were enrolled in as an active employee. Current rates for the coverage may be obtained through the Benefits Service Center by calling Unitel 482-5236 or 1-800-482-5236.

Retired Employee Death:

Medical benefits for eligible dependents of a deceased retiree will continue, provided that the deceased retiree elected the medical benefits coverage at retirement and premiums associated with these medical plans continue to be paid. This continuation applies to the Before and After Medicare Medical Plans. Coverage will cease during this period if the spouse remarries or is employed by the Company, whichever occurs first. Additionally, After Medicare coverage will cease if the spouse / domestic partner moves out of the U.S. or Canada.

Please refer to your summary Plan Description for an explanation of the benefits provided by the Traditional Medical Benefits Plan. If you have questions regarding filing a claim or its payment,

All inquiries should be directed to:
**Dental Insurance**

**Of an active employee:**

Dental benefits for the surviving dependents of a deceased active employee continue for a 90-day period at the same cost as an active employee. After this period, your spouse / domestic partner and eligible dependents may continue their coverage for an additional 33 months by paying the full cost of coverage, plus a fee equal to 2% of the premium, to cover administrative costs of the plan.

This continuation of coverage is called “COBRA”. It applies to the Traditional Dental Benefits Plan or the Pre-paid Dental Plan – whichever you were enrolled in as an active employee. Current rates for the coverage may be obtained through the Benefits Service Center by calling Unitel 482-5236 or 1-800-482-5236.

Please refer to your Summary Plan Description for an explanation of the benefits provided by these Dental Plans. If you have a question about a Traditional Dental Plan claim, call:

Phone: 1-800-5-FLY UAL
1-800-535-9825

Questions for the Pre-Paid Dental Network of America can be answered by calling:

1-800-323-7201

**Of a retiree:**

An employee and their family may purchase an extension dental plan from Cobra within 90 days from the date of the employee’s retirement.
The company will provide access to promote and distribute an independent dental plan for retirees and their spouses / domestic partner. United neither distributes nor do they sponsor the plan.

Life Insurance

Of an active employee:

The beneficiary of an employee who died while on active status will receive 1x their annual base pay up to a maximum of $70,000.00. Employees may purchase a universal life and cancer policy. Such a policy is voluntary and paid for by the employee through payroll deductions. If the employee had Contributory Life Insurance Part I, an additional $30,000.00 would be payable. If the employee had Contributory Life Insurance Parts I & II, an additional $40,000.00 would be payable, for a total of $70,000.00. You may convert the employee’s life insurance within 31 days of the employee’s death. (This policy is very expensive).

IBT Members can also contact their Local 781 Union office to find out about Local Union Death Benefit of $100.00 (for dues paying members). Call Mary Jo at 847-298-9999 ext. 112.

Of a retiree:

If an employee meets the eligibility requirements, he or she may have a Retired Employees Group Life Insurance Policy of up to $10,000.00 provided by the company at no cost to the employee. The employee’s named beneficiary is entitled to this benefit.

An employee has a 31-day election period from the date of retirement in which to convert all or part of his or her company paid and contributory life insurance policy. The amount of the policy to be converted is reduced by the amount of the retiree life insurance for which the employee is eligible. Eligible dependent’s coverage may be converted as well.

 Surviving dependents of retirees are extended life insurance benefits if a policy was converted for them or if they are named as a beneficiary on the retiree’s individual policy.
Pass Policy

Of an active / retired employee:

The surviving spouse / domestic partner and eligible dependents continue to receive the same travel benefits on United that they received prior to the death of the active employee or retiree. However, companion passes are not extended to the surviving spouses / domestic partners of active or retired employees. Interline reduced fare benefits are not provided except for United Express flights.

Important Notes:

All travel benefits are discontinued for the spouse and dependents if the spouse remarries.

All the information contained in this pamphlet is subject to change periodically. We will do our best to keep you updated when these changes occur.