

Identity Records Worksheet

Use this worksheet and keep it safe. Having this information handy could be helpful if your personal information is lost or stolen. However, the information you enter on this worksheet is **EXTREMELY SENSITIVE** and needs to be kept in a **SECURE LOCATION** such as a locked strongbox or a safe deposit box.

We are here to help. If you would like information about identity fraud exposures and insurance, please contact your local agent.

Driver's License Number: _____

Driver's License Expiration Date: _____

CREDIT, DEBIT, RETAIL OR REWARDS CARDS

Card Name	Last 4 Digits	Contact Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Employee ID Number: _____

MEDICAL INSURANCE (HEALTH, DENTAL OR VISION)

1. Card Number: _____

Group Number: _____

Member ID: _____

Customer Service Telephone Number: _____

2. Card Number: _____
 Group Number: _____
 Member ID: _____
 Customer Service Telephone Number: _____

3. Card Number: _____
 Group Number: _____
 Member ID: _____
 Customer Service Telephone Number: _____

Passport Number: _____
 Passport Expiration Date: _____

OTHER ID

ID Type	Code or Number
1.	
2.	
3.	