

## Financial Information Form



Include any account or financial information that directly impacts your loved one with rare epilepsy.

Do you have a financial advisor? ☐ YES ☐ NO

Financial Institution/Firm:

Address:

City:

State:

Zip:

Advisor Name:

Phone:

Email:

**ABLE Account** (For more information, visit: <https://www.ssa.gov/ssi/spotlights/spot-able.html>)

Name(s) on Account:

Banking Institution:

Account Number:

Routing Number:

Beneficiary(ies):

Online Link to Account:

Online Login:

Passcode:

**TIP:** Rules of an ABLE account vary by state—especially maximum deposit limits AND what it can be used for. Be sure to review the rules for your specific state. [The ABLE National Resource Center](#) highlighted on the [Social Security Administration's website](#) provides resources on state specific information.

### Special Needs Trust

Name(s) on Trust:

EIN:

Rules Related to Trust (what it can be used for and tax information):

Accountant Name(s):

Accountant Phone:

Accountant Email:

Attorney Name(s):

Attorney Phone:

Attorney Email:

**Social Security (SS)/Supplemental Security Income (SSI)**

Amount deposited each month:

Where is SS/SSI Deposited:

Rules for SS/SSI Direct Deposit:

Name of Representative Payee:

Online Social Security Account Link:

Online Login to SS/SSI Account:

Passcode to SS/SSI Account:

**TIP:** To qualify for SS/SSI, certain waiver programs, and Medicaid, the balance for bank/savings accounts may need to remain below a certain amount. For more information, visit: <https://www.ssa.gov/benefits/ssi/>

**Insurance Policies** (Life, Disability, Long-Term Care, Liability, etc.)

Insurance Type:

Company Name:

Address:

City:

State:

Zip:

Contact Name:

Phone:

Email:

Policy Effective Date:

Expiration Date:

Monthly Premium:

Person Responsible for Making Payments:

Online Account Link:

Online Login:

Passcode:

How is policy paid? ☐ Check by Mail ☐ Manual Online Pay from Bank Account ☐ Auto-deduction from Bank Account ☐ Auto-pay to Credit Card**Insurance Policies** (Life, Disability, Long-Term Care, Liability, etc.)

Insurance Type:

Company Name:

Address:

City:

State:

Zip:

Contact Name:

Phone:

Email:

Policy Effective Date:

Expiration Date:

Monthly Premium:

Person Responsible for Making Payments:

Online Account Link:

Online Login:

Passcode:

How is policy paid? ☐ Check by Mail ☐ Manual Online Pay from Bank Account ☐ Auto-deduction from Bank Account ☐ Auto-pay to Credit Card

Other Financial Resources:

Anticipated Inheritance Gifts (If expected, please add details below.)

Taxes/Tax Returns

Accountant Contact Name:

Address:

City:

State:

Zip:

Phone:

Email:

Location where the noted documents can be found:

Account Statements:

Policies In Effect:

Tax Returns:

**TIP:** If helpful, you may use the space below to add any other relevant financial details for your loved one’s specific information.

**Bank/Checking Account** (Include any account that directly impacts your loved one with rare epilepsy)

Name(s) on Account: \_\_\_\_\_

Banking Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number (or attach voided check): \_\_\_\_\_

Online Link to Account: \_\_\_\_\_

Online Login: \_\_\_\_\_

Passcode: \_\_\_\_\_

**Bank/Savings Account** (Include any account that directly impacts your loved one with rare epilepsy)

Name(s) on Account: \_\_\_\_\_

Banking Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number (or attach voided check): \_\_\_\_\_

Online Link to Account: \_\_\_\_\_

Online Login: \_\_\_\_\_

Passcode: \_\_\_\_\_

**Who manages account(s)?**

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

**What are the asset limits to this account(s)?**

Amount: \_\_\_\_\_

**Specific banking location that you currently use:**

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**Specific contact info for person you work with at the bank (if applicable):**

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**REMINDER TIP:** To qualify for Social Security (SS)/Supplemental Security Income (SSI), certain waiver programs, and Medicaid, the balance for bank/savings accounts may need to remain below a certain amount.