Benefits Checklist Before Leaving Work

Why This Matters

Many people resign from their job soon after a dementia diagnosis, only to discover later that they unintentionally gave up benefits they still needed: disability insurance, health insurance, life insurance, retirement contributions, or paid leave.

Before you make any decision about your job, it helps to know exactly what benefits you have and what happens to each one if you reduce your hours or resign from your job. A good place to start is your personnel manual or employee portal.

Use this checklist to inventory your benefits. Your supervisor or Human Resources office can answer any questions and provide additional information.

What You Need to Know

Employer benefits vary widely, and the only way to know what applies to you is to ask directly. This checklist covers the benefits that are most commonly affected by a change in employment status.

Take Action

Step 1: List Your Current Benefits for You and Your Dependents

Check the box beside each benefit you have, then fill in the details. Type into the fields or print and write by hand.

Your name	
Date completed	
Employer	
Human Resources contact	

☐ Health insurance

Name of insurance company	
Phone number	
Website	

Notes

☐ Short-term disability insurance

Name of insurance company	
Phone number	
Waiting period	
Length of coverage	
Weekly benefit amount or percentage of income	

Notes

☐ Long-term disability insurance

Name of insurance company	
Phone number	
Waiting period	
Length of coverage	
Weekly benefit amount or percentage of income	
Application deadline	
Are you eligible for a waiver of premium for your life insurance?	☐ Yes ☐ No ☐ Not sure

Notes

☐ Life insurance

Name of insurance company	
Phone number	
Policy number	
Who is covered?	☐ You ☐ Dependents
Amount of coverage	
Who are your beneficiaries?	
If you are receiving long-term disability, is a waiver of premium available?	☐ Yes ☐ No ☐ Not sure

Notes

☐ Retirement plan (401(k), pension, or similar)

Private fiduciary: name	
Private fiduciary: phone number	
Private fiduciary: email address	
Who are your beneficiaries?	

Notes

☐ Flexible spending account or health savings account

Name of company managing the account	
Key contact: name	
Key contact: phone number	
Key contact: email address	
Who are your beneficiaries?	

Notes

☐ Paid time off, vacation, or sick leave balances

Vacation hours	
Sick hours	
Other	

Notes

☐ Employee Assistance Program (EAP)

What benefits are provided? (If you are uncertain, ask Human Resources.)	
Who is the provider for your EAP?	
How do you contact them?	

Notes

☐ Other workplace benefits

List any other benefits, with details and contacts

Notes

Copyright © 2026 National Council of Dementia Minds. All rights reserved. This checklist is protected by copyright law and may not be reproduced or distributed without proper attribution to the National Council of Dementia Minds. Please credit and share to promote awareness and early intervention for a dementia-inclusive community.