

Confidential Needs Analysis

Name: _____

Health Insurance

What type of Health Insurance do you have?	
Medicare Supplement?	Plan Type: _____ Premium: _____ Company: _____ Length: _____
Medicare Advantage?	Company: _____ Premium: _____
Plan D - Prescription Drug	Company: _____ Premium: _____
Major Health Company	Company: _____ Premium: _____ Deductible: _____
Comments: Doctor's Restrictions	

Life Insurance

Type of Life Insurance	Type: _____ Company: _____ Premium: _____
Reason for Insurance	

Medical History

Surgeries, hospital stays, prescriptions	
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Life Insurance – Final Expense

Have you done funeral pre-planning or made other arrangements for payment of your Final Expenses?	
Do You Have A Will or a Trust? And What was the purpose of setting this up?	
When was the last time you did a thorough review of your Life Insurance Policy?	

Asset Protection

Health Insurance and Nursing Home / Home Health Care Protection	
Where would you prefer to recuperate? Home / Nursing Home / Family	
Know anyone in nursing home or at home? How were they affected financially?	
Conversations with family members concerning your care and when the time comes?	
Are you and family adequately prepared for long term care?	

Retirement/Savings

Regarding your retirement income, are you just on Social Security or is there a pension? Enter Pension Amount	
Have you started taking distributions from your IRA or 401K? How Much?	
Personal Savings	
CD's	
Annuities	
Stocks	
Bonds	
Real Estate	
IRA's	
401 K	
Mutual Funds	
Other	

General Questions

What are your biggest concerns related to your healthcare and personal finances	
Does anyone else assist you with insurance or financial decision	
Regarding your retirement and your legacy, what are your goals?	
Do you have any other concerns or questions?	

Basic Needs Worksheet

AMOUNT NEEDED:

There are five basic needs for life insurance		You	Spouse
<p>1. Final Expenses One of the first financial burdens your family will encounter is final expenses. This includes the costs for the funeral, cemetery lot and marker, plus final medical bills. How much money will your family need for the funeral? For cemetery lot and marker? For final medical bills?</p>	Funeral \$ _____ Cemetery \$ _____ Medical Bills \$ _____ Total Final Expenses \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____
<p>2. Debts Most families are making monthly payments for automobiles, appliances, furniture, clothes or credit cards. When you die, how much money will your family need to pay off your outstanding debts?</p>	For Debts	\$ _____	\$ _____
<p>3. Mortgage or Rent Where do you want your family to live when you die? How difficult will it be for them to make the payments without you? What will it cost to pay off your mortgage for your family? (If you rent, how many months do you want the rent to be paid?)</p> <p>\$ _____ per month × _____ months = \$ _____</p>	For Mortgage or Rent	\$ _____	\$ _____
<p>4. Education Do you want your children to have a college education? College costs include tuition, room and board, books, supplies, transportation and other miscellaneous costs. How will they pay these costs if you die? How much will each child need per year?</p> <p>\$ _____ per year × _____ yrs. × _____ children = \$ _____</p>	For Education	\$ _____	\$ _____
<p>5. Monthly Income When you die your income dies, but your family's need for income continues. How difficult will it be for your family to pay the bills each month without your income? You can help your family by providing an income to them during their readjustment period. How many years would you like to provide an income for your family? How much would you like to provide each month?</p> <p>\$ _____ per month for _____ years. <i>(If you die)</i></p> <p>\$ _____ per month for _____ years. <i>(If your spouse dies)</i></p>	For Monthly Income	\$ _____	\$ _____
	Lump Sum Total	\$ _____	\$ _____
	Minus Present Coverage	\$ _____	\$ _____
	ADDITIONAL COVERAGE NEEDED	\$ _____	\$ _____