

**CONFIDENTIAL
NEEDS ANALYSIS**

For your Peace of Mind.

**FINANCIAL
SECURITY**

Annuities
Retirement
Savings
Emergency Fund

**PROTECTING
YOUR HEALTH**

Critical Illness
Hospital / Doctors
Surgery
Prescriptions

**PLANNING
YOUR ESTATE**

Final Expenses
Spousal Support
Gifting
Taxes

**PRESERVING
FREEDOM OF
CHOICE**

Long Term Care
Home Health Care
Assisted Living

CONFIDENTIAL NEEDS ANALYSIS

Prepared by _____ Date _____
Name _____ DOB _____
Spouse _____ DOB _____
Primary Address _____ Occupation _____
Home Telephone _____ Children _____
Email _____ Grandchildren _____

HEALTH INSURANCE

1. Who do you have your health insurance/Medicare Supplement with? _____
Plan _____ Premium _____
2. Do you have any restrictions on which providers you can use? _____
If yes, how do you feel about this? _____
3. What is more important to you? Company Stability Service Price
4. Do you have any other health insurance plans such as Long Term Care/Home Health Care or Hospital Indemnity?
 YES NO
If yes, through what insurance company? _____
Premium amount? _____
What is the purpose for this coverage? _____
4. Tell me about your/your spouse's health over the past three years such as, surgeries, hospital stays, prescriptions?

ASSET PROTECTION

6. Are you familiar with how your Medicare Supplement pays for Nursing Home/Home Health Care?
If no, explain _____
7. Where would you prefer to recuperate? Home Nursing Home Family
8. Do you know anyone that has needed special healthcare either in a nursing home or at home?
What happened to them? _____
How were they affected financially or emotionally by this? _____

9. Do you know anyone who had to spend all of their assets and as a result had to enroll in a Medicaid Program?

10. What conversations have you had with! Our Children/family members concerning your care if and when the time comes? _____
11. Do you feel that you and your family have adequately prepared for long term care should the need arise?

LIFE INSURANCE – FINAL EXPENSES

12. Do you currently own any life insurance?
Mr. _____
Mrs. _____
Through what company? _____
Premium? _____
Type; (Term, Whole Life, etc.) _____
13. What are your plans for your life insurance? _____
14. Have you done funeral pre-planning or made other arrangements for payment of your final expenses?
If so, What are they? _____
15. Do you have a will trust? _____
What was your purpose for setting this up? _____
16. Many of my clients have not reviewed their life insurance plans for years. When was the last time you did a thorough review of your Life Insurance Policy? _____

RETIREMENT/SAVINGS

17. Regarding your retirement income, are you just on Social Security or is there a pension? _____
Do you know about how much that pension is? _____
SS _____ Pension _____
18. Have you started taking distributions from your IRA or 401K? _____
Do you know about how much that is? _____
19. Are you saving money each month? _____
20. Are you expecting any inheritance? _____
21. Tell me about your current investments (conservative/aggressive) _____
Personal Savings _____ Real Estate _____
CDs _____ IRAs _____
Annuities _____ 401k _____
Stocks _____ Mutual Funds _____
Bonds _____ Other _____

GENERAL QUESTIONS

22. What are your biggest concerns related to your healthcare and personal finances? _____

23. Besides yourself, does anyone else assist you with your insurance or financial decisions? _____

24. Regarding your retirement and your legacy, what are your goals? _____

25. Outside of what we addressed, do you have concerns or questions? _____
