

Confidential Needs Analysis

For Your Peace of Mind

**MEDICAL
EXPENSES**

**FINAL
EXPENSE
PLANNING**

**LONG-TERM
CARE**

**FINANCIAL
SECURITY**

Trusted Partners of:



Prepared by _____ Date _____

Name (□ Mr. □ Mrs.) _____ DOB _____

Phone _____ Receive Texts Yes No Email _____

Occupation _____ Company _____

Name (□ Mr. □ Mrs.) _____ DOB _____

Phone _____ Receive Texts Yes No Email _____

Occupation _____ Company _____

Mailing Address _____

Children _____ No. Grandchildren _____

Emergency Contact _____ Phone _____

Medical Expenses

Name _____

Type of Coverage

Group A&B Only MA VA Med Supp
 Medicaid Major Medical Other None

Company _____

Plan _____ Premium _____

Rx Plan Provider _____ Premium _____

Tell me about your health over the last 3 years (such as surgeries, hospital stays, prescriptions, specialist visits...) _____

Do you own any other health insurance policies?

DVH Cancer Heart/Stroke Hospital Indemnity Disability Accident None

Company _____ Premium _____

Benefits _____

Company _____ Premium _____

Benefits _____

Name _____

Type of Coverage

Group A&B Only MA VA Med Supp
 Medicaid Major Medical Other None

Company _____

Plan _____ Premium _____

Rx Plan Provider _____ Premium _____

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Benefits _____

Company _____ Premium _____

Benefits _____

Long-Term Care

Do you have long-term care coverage in force? Yes No Company _____

Premium _____ Benefits _____

Are you familiar with how Medicare pays for long-term care costs? Yes No

If no to either question, what is your plan to pay for long-term care costs? _____

Where would you prefer to recuperate? Home Nursing Home Family What role do you see your family taking on if and when the time comes? Caregiver Care Supervisor NoneDo you feel that you have adequately prepared for long-term care should the need arise? Yes No

Final Expense Planning

Do you currently own any life insurance? Yes No

Company _____ Type _____

Death Benefit \$_____ Premium \$_____

Cash Surrender Value \$_____

Issue Date _____ Loan \$_____

What is the purpose of your life insurance? _____

Do you have any additional policies? Yes No

Date of last annual review? _____

Have you done funeral pre-planning or made other arrangements for payment of your final expenses? If so, what are they? _____

Do you have a will? Yes No

Do you have a trust? Yes No If yes, is the trust funded? Yes No

When was the last time you reviewed your will / trust? _____

Financial Security

Name			
Social Security	\$	\$	
Pension	\$	\$	
Salary	\$	\$	
Investments	\$	\$	
RMDs	\$	\$	
Real Estate	\$	\$	
Other	\$	\$	
Total Monthly Income	\$		
Total Monthly Expenses	\$		
Net Income	\$		
			Checking
			Savings
			CDs
			401(k)
			Real Estate
			IRAs
			Roth IRAs
			Money Market
			Annuities
			Stocks / Bonds / MFs
			Other

Do you intend on drawing income from your retirement accounts to subsidize social security?

Yes No If yes, when? _____

What risk tolerance are you most comfortable with?

Conservative Moderately Conservative Moderate Moderately Aggressive Aggressive

General Questions

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

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

SAGE Scholars Questions

Sage family member candidates _____

Sage account enrollment date _____

Notes

After considering the presentation and careful assessment of my insurance needs, I have decided not to apply for coverage at this time.

Client Signature

Date

American
SENIOR BENEFITS
Putting people back into the people business