

Confidential Needs Analysis

For Your Peace of Mind

**MEDICAL
EXPENSES**

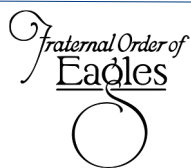
**FINAL
EXPENSE
PLANNING**

**LONG-TERM
CARE**

**FINANCIAL
SECURITY**

Trusted Partners of:

 **SAGE**Scholars.
Ask me about SAGE Scholarship Program



American Senior Benefits**Confidential Needs Analysis**

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 _____

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Indemnity ☐ Disability ☐ Accident ☐ None

Company _____ Premium _____

Benefits _____

Company _____ Premium _____

Benefits _____

Long-Term CareDo 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 ☐ NoIf 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? _____

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? _____

Financial Security

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