

CLIENT WORKSHEET

Appointment Date: _____ Time: _____

NO INSURANCE? WHY?

- Too Expensive
- Won't Qualify
- Procrastinate

Beneficiary? _____

Coverage Desired \$ _____ Premium Goal \$ _____

ALREADY INSURED? WHY?

- Not What Thought
- Need More
- Leave Legacy

Client Name _____ DOB _____ AGE _____ Spouse's Name _____ DOB _____ AGE _____

Phone # _____ Phone # _____

Address _____ City _____ ST _____ ZIP _____
 Emp/Ret/Dis SS/Pension/Both Monthly Income\$ _____ \$ _____ Emp/Ret/Dis SS/Pension/Both Monthly Income\$ _____
 Medicare/Supp Life Ins? Y/N Amt\$ _____ Prem\$ _____ Total Income Medicare/Supp Life Ins? Y/N Amt\$ _____ Prem\$ _____
 Monthly Expenses \$ _____ After Expenses \$ _____

MORTGAGE INFO: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ YES/NO
 Mortgage Balance Years Left Monthly Payment Value Equity In Both Names?

Would loss of either person's income make monthly mortgage payments, difficult or impact either person? Y / N
 Are you doing anything to aggressively pay the mortgage off early now? Y / N If NO, would you like to? Y / N
 Do you have identity theft protection? Y / N Do you have a will? Y / N Last updated? _____

CURRENT LIFE INSURANCE

Company / Amount / Account# Thru Work? Company / Amount / Account# Thru Work?

Anything That Acts Like Life Insurance? Yes / No Anything That Acts Like Life Insurance? Yes / No

(Med Sup / 401K / Annuity / TSP / CD / Savings) If YES, possible Annuity/Med Sup. If NO, possible Indexed Universal Life Policy

"Some rely on "Income Replacement" Insurance to cover the Mortgage, Debts and Income. We are glad that's what you want to do."

What most people do is they want to put something in place, so that if you died or became disabled yesterday, money would come in the family today to take care of the mortgage.
 We can't decide right now but if you were to qualify, which option would be the most comfortable for you?

Condition/Ailment H / W	Condition/Ailment H / W	Condition/Ailment H / W	Condition/Ailment H / W
Heart Attack	Stroke	Cancer	Diabetes I/II
Cardiomyopathy	TIA	Cirrhosis	Pills
CHF	Aneurysm	Hepatitis	Insulin
Defibrillator	Anxiety	Liver/Kidney Disease	Neuropathy
Stents	Depression	Organ Transplant	Diabetic Coma
Angina	Alzheimers	Dialysis	Insulin Shock
Angioplasty	Dementia	Asthma	Amputation
Bypass	ALS	COPD	Wheel Chair
Pacemaker	Pain Meds	Oxygen	
Valve Disorder	Terminal Illness	Sleep Apnea	

Hospitalizations/Surgeries Last 2 Year YES / NO _____ Prescriptions (Name, Dosage, Frequency) Smoke? YES / NO _____ _____ Prescriptions (Name, Dosage, Frequency) Height _____ _____ Prescriptions (Name, Dosage, Frequency) Weight _____ _____	Hospitalizations/Surgeries Last 2 Year YES / NO _____ Prescriptions (Name, Dosage, Frequency) Smoke? YES / NO _____ _____ Prescriptions (Name, Dosage, Frequency) Height _____ _____ Prescriptions (Name, Dosage, Frequency) Weight _____ _____
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OPTION #1 Coverage \$ _____ AP \$ _____ Mo Prem \$ _____	OPTION #2 Coverage \$ _____ AP \$ _____ Mo Prem \$ _____	OPTION #3 Coverage \$ _____ AP \$ _____ Mo Prem \$ _____
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Primary Beneficiary _____ % DOB _____ Relationship _____ Phone # _____	2nd Beneficiary _____ % DOB _____ Relationship _____ Phone # _____
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