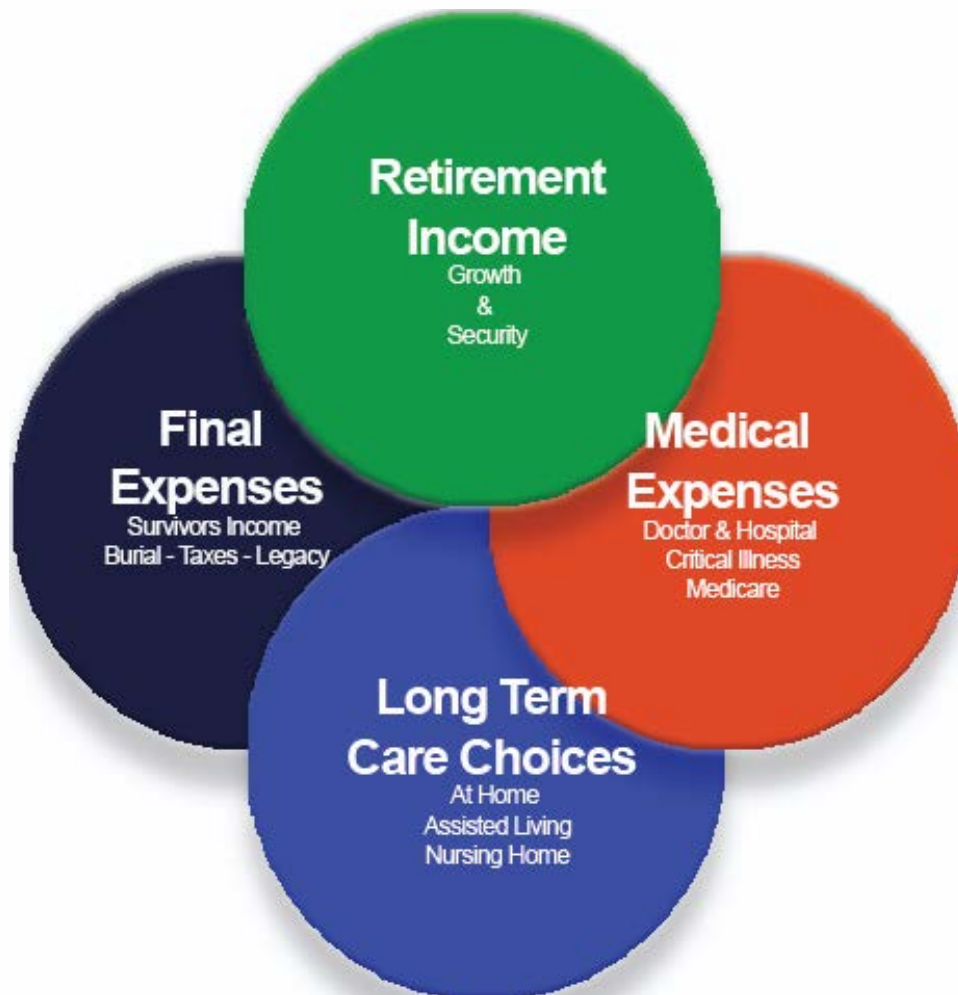


Financial Realities

Affecting the quality of your Life & Retirement



Insurance Masters

Needs Assessments

Contact Info

Name: _____ Date of Birth: _____ Age: _____

Spouse: _____ Date of Birth: _____ Age: _____

Address: _____

Tel: _____

Address: _____

Children	Age	City	Children	Age	City
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Age of grandchildren: _____

MEDICAL EXPENSES

1. How many people are concerned about their health and high cost of health care? What are you doing to protect yourself? _____

What type of health insurance do you have now? _____

Company: _____ Plan: _____ Premium: _____

Is your Medicare Supplement coverage provided by your former employer under a group plan? Yes ___ No ___

Do you have prescription drug coverage? Yes ___ No ___ Provider: _____

Does your former employer pay any part of your premiums? _____

Who would be the person or department to talk with at your former company? _____

2. So that I can get to know you a little better, tell me about your health in the last three years. _____

3. What medications are you taking currently? _____

4. What are your concerns about what Medicare does not cover? _____

5. What concerns do you have about your future health? _____

6. If you could change anything about your present health coverage, what would it be? _____

LONG-TERM CARE

What type of insurance do you have to cover Long-Term Care? _____

Benefits: _____ Benefit Period: _____

Company: _____ Cost of living increase: _____

Premium: _____

7. Do you know anyone who has needed Long-Term Care, either at home or in a nursing facility? _____

How did it affect them? _____

8. Most people have 3 concerns regarding LTC- remaining independent, having choices, protecting their assets.

Tell me what your concerns are. _____

9. What role do you see your children playing when it comes to your long-term care? _____

What plans have you made for your long term care? _____

FINAL EXPENSES/SURVIVOR'S INCOME

Do you own any life insurance? _____

Whole: _____ UL/VUL: _____ Term: _____ (exp. date: _____)

Face Amount Mr. _____ Mrs. _____

Beneficiary Mr. _____ Mrs. _____

Company Mr. _____ Mrs. _____

Premium Mr. _____ Mrs. _____

When was the last time someone reviewed your policy(ies) with you? _____

10. What are your plans for your life insurance? Why do you have it? _____

11. Do you have a will/trust? _____ When was it last reviewed? _____

12. What type of plans have you made for your final expenses? _____

13. Is there any special person or organization that you have thought you would like to leave a legacy gift after you pass away? _____

RETIREMENT INCOME/SAVINGS

Note: Do not give advice on or discuss investment based products unless properly licensed.

14. Many people are concerned about outliving their money. What concerns do you have? _____

15. When you retired (retire), did (will) you qualify for SS? (monthly amount) _____

A company pension? (monthly amount) applicant: _____ spouse: _____

Does your pension have survivor benefits for your spouse? _____

16. What monthly expenditures do you have that affect your monthly income? (Mortgage's, Credit Cards, Car, ect.) _____

17. Are you able to save some money or do you need all of your income to live on? _____

Share with me how your savings are invested:

Savings Account _____ Annuities _____ CDs _____

Life Insurance Cash Value _____ IRAs _____ 401K _____

Investment Accounts _____ Money Markets _____ Real Estates _____

Stocks/bonds _____ Mutual Funds _____ Other _____

18. Why are you setting this money aside? (Travel, Dream, Grandchildren, College, Retirement, Financial independence) _____

19. How comfortable are you with the risk involved in your savings? _____

20. What are your greatest concerns regarding your savings and retirement income? _____

21. How do you feel about the returns you've experienced over the past years on your savings? _____

22. How much of your savings do you believe needs to be totally liquid and accessible for your use? _____

23. Are you still paying income tax? _____ At this point in your life, is it more important to find ways to increase your income or lower your taxes? _____

Neighbor Referral List

Do you know any of the people on this list? _____

What can you tell me about them? _____

May I mention your name as a reference when I approach them? _____

Additional information and Follow-Up Notes

To the best of my knowledge, the information I have provided in this Fact Finer represents an accurate picture of my current situation and beliefs. I understand that any medical information shown on this form cannot be considered if I am applying for Medicare supplement coverage during my open enrollment period or other guaranteed issued period. I understand that any recommendations made by the agent are based on these responses.

Date: _____ Signature _____

Internal use only.

Agent Initials _____