



JAS-Insurance Group

Confidential Needs Analysis

For your Peace of Mind

Date _____

Prepared by _____

Client Name _____

Client Name _____ DOB _____

Occupation _____

Spouse _____ DOB _____

Occupation _____

Primary Address _____

Telephone _____ How many children _____

Email _____ How many grand children _____

Health Insurance

How has your health been in the last three years? _____

Spouses Health _____

Who are your health insurance or Medicare supplements insurance providers?

Client _____ Price _____

Spouse _____ Price _____

What type of plan do you have?

Client _____

Spouse _____

Do you have separate Drug Coverage?

Client PDP Carrier _____

Spouse PDP Carrier _____

LTC Insurance

Do you have LTC insurance? _____

If so, who is the carrier?

Client _____

Spouse _____

What is the premium cost? _____

Have you had a conversation concerning the need for LTC? _____

Who would care for you if you needed LTC? _____

How long would your assets last if you needed LTC _____

What have you done to protect your assets from LTC expenses? _____

Life Insurance

Do you have Life insurance? _____

Client _____ Type of policies _____ Cost _____

Amount of Death Benefit _____ Beneficiaries _____

Spouse _____ Type of policies _____ Cost _____

Amount of Death Benefit _____ Beneficiaries _____

When was the last time you reviewed your policies? _____

Retirement and Savings

What are your sources of income?

Client _____

Spouse _____

What are your concerns with your investments and expenses?

Client _____

Spouse _____

What is your risk tolerance?

Client _____

Spouse _____

What are your retirement goals?

Do you have a will or a trust? _____

Do you have a power of attorney? _____

Does anyone help you make financial or healthcare decisions? _____

If you were mentally or physically incapacitated who would be your emergency contact?

_____ Phone # _____

Are you happy with the return on your investments? _____

Would you be open to a second opinion on your investment strategies? _____