

Agent Name:  Date of Interview:

Name: <input type="text"/>	Spouse: <input type="text"/>
DOB: <input type="text"/>	DOB: <input type="text"/>
Height: <input type="text"/> ft <input type="text"/> in Weight: <input type="text"/> lbs	Height: <input type="text"/> ft <input type="text"/> in Weight: <input type="text"/> lbs
SSN: <input type="text"/>	SSN: <input type="text"/>
Drivers License #: <input type="text"/>	Drivers License #: <input type="text"/>
Address: <input type="text"/>	Anniversary Date: <input type="text"/>
Phone #: <input type="text"/>	Children & Ages: <input type="text"/>

### Medical Expenses

Do you own a medicare supplement plan?  Yes  No Are you enrolled in Medicare A&B?  Yes  No

Company:  Plan:  Premium:

What do you like and dislike about your plan?

Tell me about your health in the past five years:

What medications are you currently taking?

### Extended Care

Do you own a long-term care insurance plan?  Yes  No

Daily Benefits:  Elimination Period:

Benefit Period:  Inflation Protection  Yes  No

Company:  Premium:

Most people have 4 concerns regarding LTC: remaining independent, having choices, protecting assets, and staying at home.

Please tell me what your concerns are:

### Life Insurance

Do you own any personal life insurance?  Yes  No Amount of coverage? \$

Type of life insurance?  Term  Whole Monthly Premium \$

Do you have anything that acts like life insurance (self insured)?  Yes  No Amount? \$

Check all that apply:  401k  IRA  Roth IRA  CD  Annuity  Brokerage Account

## Retirement Income

Please list any and all monthly income for you and your spouse

Employment

You \$

Spouse \$

Social Security

You \$

Spouse \$

Pension

You \$

Spouse \$

Transfers?

Yes

No

Who do you consult when making a financial decision?

Agent Notes:

Materials Used:

Presentations Used:

I have participated in the presentation and I have provided an accurate picture of my current medical and financial situation in this Confidential Need Analysis. I understand that any recommendations are based on these responses.

Date:

Signature:

Date/Time for follow-up appointment (if appropriate)