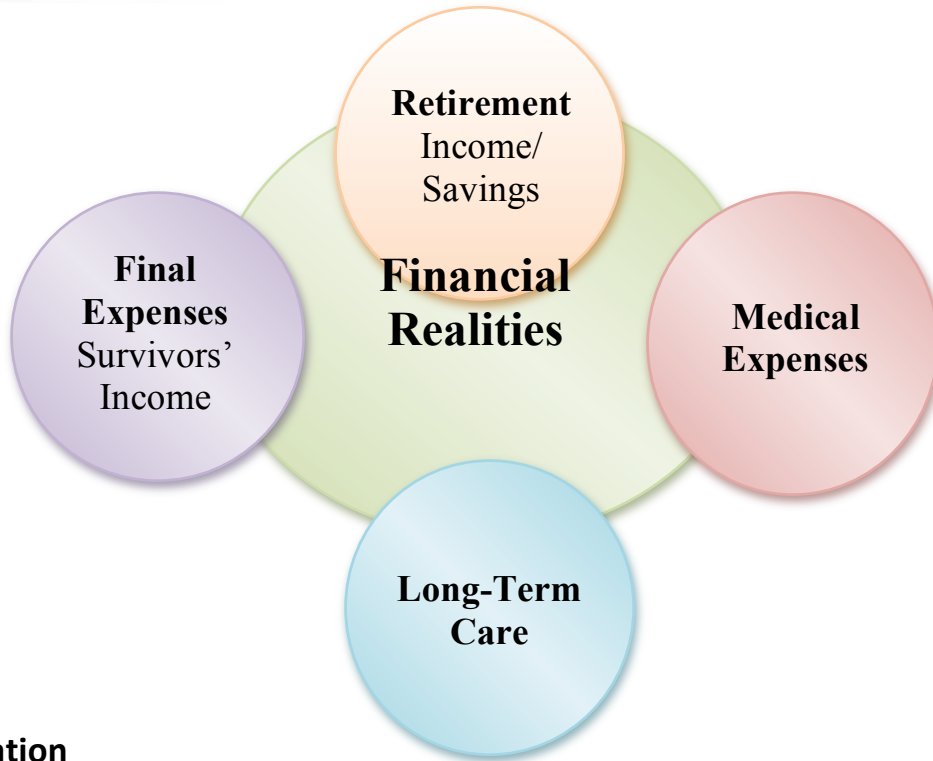




# Financial Analysis



## Client Information

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Spouse \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Employer (Retired ) \_\_\_\_\_ Benefits:  Pension  Health Plan  Other \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Children	Age	City	Children	Age	City
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Ages of Grandchildren \_\_\_\_\_

Lead Source/ Reason for Visit \_\_\_\_\_

## Medical Expenses

1. Many people are concerned about their health and the high cost of healthcare. What are you doing to protect yourself? \_\_\_\_\_

What type health insurance do you have?

**Mr.**  Individual  Medicare Only  Group  
 MedSupp  MA  MAPD  None  
 Other \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Plan \_\_\_\_\_ Premium \_\_\_\_\_  
 Drug Coverage?  Yes  No  
 Provider \_\_\_\_\_

**Mrs.**  Individual  Medicare only  Group  
 MedSupp  MA  MAPD  None  
 Other \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Plan \_\_\_\_\_ Premium \_\_\_\_\_  
 Drug Coverage?  Yes  No  
 Provider \_\_\_\_\_

Additional Group Benefits?  Dental  Vision  Life Insurance  Other \_\_\_\_\_

2. Medical History:

Name	Diagnosis	Date of Onset	Treatment	Medication/Dosage
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1.

2.

3.

4.

3. Is there a family a family history of cancer, stroke, or heat attack? \_\_\_\_\_  
 What impact was there on the family and finances? \_\_\_\_\_

What is your plan to pay for medical expenses not covered by your current plan? \_\_\_\_\_

4. If you could change anything about your present coverage, what would it be? \_\_\_\_\_

## LONG-TERM CARE

5. What type of insurance do you have to cover long-term care?

	Applicant	Spouse
<b>Benefits Covered</b>		
<b>Company</b>		
<b>Benefit Period</b>		
<b>Benefit Amount</b>		
<b>Elimination Period</b>		
<b>Inflation Protection</b>		
<b>Premium</b>		

6. If no long-term care insurance:  
 a. Have you ever looked into it? \_\_\_\_\_

- b. Why was it important for you to look into?
  - c. If it was important enough to look into, what prevented you from moving forward? (if price, how much was it?) \_\_\_\_\_
  - d. If that the only reason you did not move forward? \_\_\_\_\_
7. Do you know anyone who has needed long-term care at home or in a nursing facility? \_\_\_\_\_
8. How did it affect them emotionally and financially? How did it affect the family? \_\_\_\_\_
9. Most people have three main concerns regarding long-term care – remaining independent, having choices and protecting their assets. Which of those are your main concerns? Why? \_\_\_\_\_
10. What role do you see your children playing when it comes to your long-term care needs? \_\_\_\_\_
11. What plans have you made for long-term care? \_\_\_\_\_

### **Final Expenses/ Survivors' Income**

12. Do you own life insurance?

	Husband			Wife		
	Policy 1	Policy2	Policy 3	Policy 1	Policy2	Policy 3
<b>Face Amount</b>						
<b>Company</b>						
<b>Premium</b>						
<b>Primary Beneficiary</b>						
<b>Cash Value</b>						
<b>Surrender Value</b>						

13. What are your plans for your life insurance? Why do you have it? \_\_\_\_\_
14. Do you have a will/trust? \_\_\_\_\_ When was it last reviewed? \_\_\_\_\_
15. What type of plans have you made for your final expenses? \_\_\_\_\_
16. If you were financially able to leave a legacy to a person or organization, who would it be? \_\_\_\_\_

### **RETIREMENT INCOME/ SAVINGS**

17. Are you still paying income tax? \_\_\_\_\_ At what point in your life, is it more important to find ways to increase your income or lower your taxes? \_\_\_\_\_
18. Many people are concerned about outliving their money. What concerns do you have? \_\_\_\_\_
19. When you retired (retire), did (will) you qualify for Social Security? (monthly amount) \_\_\_\_\_

20. A company pension? (monthly amount) \_\_\_\_\_ Does your pension have survivor benefits for your spouse? \_\_\_\_\_
21. How much are your monthly expenses? \_\_\_\_\_
22. Are you comfortable with the amount of your long-term savings? Why or why not? \_\_\_\_\_
23. Where are your assets currently allocated? \_\_\_\_\_

NON-LIQUID ASSETS	LIQUID ASSETS
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Non-Qualified Annuities _____	Checking Account #1 _____
Non-Qualified Life Insurance Cash Value _____	Checking Account #2 _____
Qualified IRAs and Annuities _____	Savings Account #1 _____
Other Qualified Investments (CDs) _____	Savings Account #2 _____
Real Estate (excluding Primary Residence) _____	Money Markets _____
Equity in Primary Residence _____	Mutual Funds (less any fees) _____
	CDs (less any fees) _____
	Stocks, Bonds or Other _____

24. Estimated Tax Bracket \_\_\_\_\_ Household Income \_\_\_\_\_

**CDs**

Bank	Value	Interest Rate	Maturity Date	Penalty
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Annuities/IRAs**

Company	Type	Value	Interest Rate	Contact date	Penalty Ex. Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**401(k)**

Applicant Company \_\_\_\_\_ Value \_\_\_\_\_

Spouse Company \_\_\_\_\_ Value \_\_\_\_\_

**Other**

Type	Value	Additional Information
_____	_____	_____
_____	_____	_____
_____	_____	_____

25. Why are you setting this money aside? \_\_\_\_\_
26. How comfortable are you with the risk involved in your savings? \_\_\_\_\_
27. What are your greatest concerns regarding your savings and retirement income? \_\_\_\_\_
28. How do you feel about the returns on your savings over the past years? \_\_\_\_\_