

Confidential Needs Analysis

Agent Name: _____ Date of Interview: _____

Name: _____

Spouse: _____

DOB: _____

DOB: _____

Height: ____ft ____in

Height: ____ft ____in

Weight: _____lbs

Weight: _____lbs

SSN: _____

SSN: _____

Drivers License #: _____

Drivers License #: _____

Address: _____

Anniversary Date: _____

Phone #: _____

Children & Ages: _____

E-MAIL: _____

Ages of Grandchildren: _____

Medical Expenses

What type of Medical plan do you currently own?

Are you enrolled in Medicare A&B?

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

What plan do you currently have to cover Home Care and Long-Term Care?

Daily Benefits: _____ Elimination Period: _____

Benefit Period: _____ Inflation Protection: ☐ Yes ☐ No

Company: _____ Premium: _____

Do you know anyone who has needed Long-Term care, either at home or in a nursing facility? ☐ Yes ☐ No

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

Please tell me what your concerns are: _____

Final Expenses

Do you own any personal life insurance? _____ Do you have the old type or the new type? _____

How long has it been since you reviewed your policy with your agent? _____

Face Amount	Mr.	Mrs.
Beneficiary	Mr.	Mrs.
Company	Mr.	Mrs.
Premium	Mr.	Mrs.

Does your policy offer lifetime guarantees? _____ Do you own any type of pre-need funeral or final expense plan? _____

Do you have a will/trust? _____



Retirement Income

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

A company pension? (monthly amount) _____ Monthly expenditures? _____

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

How do you own your assets?

Savings Account:	Annuities:	CD's:
Real Estate:	Stocks:	IRA's:
Mutual Funds:	Bonds:	401K:
Life Insurance Cash Value:	Money Markets:	Other:

Why did you choose these types of investments?

Are you satisfied with the return on your investments?

Where do you want your money to go? ☐ Nursing Home ☐ Charity ☐ IRS and Taxes ☐ Your Family

His monthly income (name-on-check)

Her monthly income (name-on-check)

Pension: \$ _____
Social Security: \$ _____
Other: \$ _____
Total: \$ _____

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At this point in your life, is it more important to find ways to increase your income or lower your taxes? _____

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 Needs Analysis. I understand that any recommendations are based on these responses.

Date: _____ ***Signature:*** _____

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

