

# FOUR AREAS OF RISK IN RETIREMENT

## MEDICAL EXPENSES

PRESCRIPTIONS \_\_\_\_\_

DENTAL/VISION \_\_\_\_\_

MAX OUT OF POCKET \_\_\_\_\_

## EXTENDED CARE

LONG TERM CARE \_\_\_\_\_

SHORT TERM CARE \_\_\_\_\_

HOME HEALTH CARE \_\_\_\_\_

## ASSET PROTECTION

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## REPLACEMENT INCOME / FINAL EXPENSES

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

CONFIDENTIAL PROFILE

ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_

NAME \_\_\_\_\_  
DOB \_\_\_\_\_ VET  YES  NO  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_  
MEDICARE \_\_\_\_\_  
A \_\_\_\_\_ B \_\_\_\_\_  
SS # \_\_\_\_\_  
FAMILY \_\_\_\_\_  
WHEN WAS YOUR LAST MEDICAL PLANNING REVIEW?  
\_\_\_\_\_

TELL ME ABOUT YOUR HEALTH IN THE LAST 3 YEARS

HOSPITAL? CANCER? DIABETES? SURGERIES?

MEDS

WHAT IS YOUR CURRENT COVERAGE? \$ \_\_\_\_\_  
PDP \$ \_\_\_\_\_  
WHAT DO YOU LIKE ABOUT IT? \_\_\_\_\_  
DENTAL/ VISION \_\_\_\_\_  
IS THIS A CONCERN FOR YOU?  YES  NO  
DOES FORMER EMPLOYER HELP WITH COVERAGE?  YES  NO  
WHAT OTHER PLANS DO YOU CURRENTLY PAY FOR?  
 CANCER \$ \_\_\_\_\_  HEART \$ \_\_\_\_\_  HEART \$ \_\_\_\_\_  DISABILITY \$ \_\_\_\_\_

NAME \_\_\_\_\_  
DOB \_\_\_\_\_ VET  YES  NO  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_  
MEDICARE \_\_\_\_\_  
A \_\_\_\_\_ B \_\_\_\_\_  
SS # \_\_\_\_\_  
DO ANY HELP MAKE DECISIONS?  YES  NO  
WHAT WAS THE OUTCOME?  
\_\_\_\_\_

TELL ME ABOUT YOUR HEALTH IN THE LAST 3 YEARS

HOSPITAL? CANCER? DIABETES? SURGERIES?

MEDS

WHAT IS YOUR CURRENT COVERAGE? \$ \_\_\_\_\_  
PDP \$ \_\_\_\_\_  
WHAT DO YOU LIKE ABOUT IT? \_\_\_\_\_  
DENTAL/ VISION \_\_\_\_\_  
IS THIS A CONCERN FOR YOU?  YES  NO  
WHAT OTHER PLANS DO YOU CURRENTLY PAY FOR?  
 CANCER \$ \_\_\_\_\_  HEART \$ \_\_\_\_\_  HEART \$ \_\_\_\_\_  DISABILITY \$ \_\_\_\_\_

## EXTENDED CARE

WHAT PLANS DO YOU HAVE IN PLACE FOR EXTENDED CARE NOT COVERED BY MEDICARE?

COMPANY \_\_\_\_\_ PREMIUM \_\_\_\_\_ PLAN BENEFITS \_\_\_\_\_

HAVE YOU EVER KNOWN ANYONE THAT NEEDED THAT TYPE OF CARE? TELL ME ABOUT IT?

MOST PEOPLE HAVE 3 CONCERNS W/ LTC- REMAINING INDEPENDENT, HAVING CHOICES, AND PROTECTING ASSET.....WHICH OF THESE ARE MOST IMPORTANT TO YOU?

IF THERE WERE OPTIONS TO HELP YOUR FAMILY TAKE CARE OF YOU AND IT WOULDN'T TAKE FOOD OFF YOUR TABLE WOULD YOU BE INTERESTED IN LEARNING ABOUT IT?

YES  NO

## REPLACEMENT INCOME

WHAT DO YOU HAVE IN PLACE FOR REPLACEMENT INCOME / FINAL EXPENSE?

AMOUNT \_\_\_\_\_ PREMIUM \_\_\_\_\_ AMOUNT \_\_\_\_\_ PREMIUM \_\_\_\_\_  
TERM \_\_\_\_\_ WHOLE \_\_\_\_\_ UNIVERSAL \_\_\_\_\_ TERM \_\_\_\_\_ WHOLE \_\_\_\_\_ UNIVERSAL \_\_\_\_\_

HOW DID YOU COME UP WITH THIS AMOUNT?

IF YOU HAVE A PENSION, WILL IT PASS YOU YOUR SPOUSE?

DO YOU HAVE ANYTHING IN PLACE FOR LEGACY GIVING?  
CHURCH, ORGANIZATIONS, ETC

HAVE YOU THOUGHT ABOUT THE NEED TO INCREASE COVERAGE?

DO YOU HAVE A MORTGAGE? IF SO HOW MUCH?

OTHER DEBTS?

CARS / 2ND MORTGAGE / CREDIT CARD / LOANS

## ASSETS

SOCIAL SECURITY \_\_\_\_\_

RETIREMENT \_\_\_\_\_

OTHER INCOME \_\_\_\_\_

DO YOU HAVE ANY: 401K \_\_\_\_\_

STOCKS / BONDS \_\_\_\_\_

MUTUAL FUNDS \_\_\_\_\_

MONEY MARKET \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_

RETIREMENT \_\_\_\_\_

OTHER INCOME \_\_\_\_\_

DO YOU HAVE ANY: 401K \_\_\_\_\_

STOCKS / BONDS \_\_\_\_\_

MUTUAL FUNDS \_\_\_\_\_

MONEY MARKET \_\_\_\_\_

WHAT DO YOU NEED THIS MONEY TO DO FOR YOU?

DO YOU HAVE ANY CONCERNS ABOUT HOW IT IS PERFORMING?

DO YOU WORRY ABOUT OUTLIVING YOUR MONEY?

IF THERE WERE A WAY TO PROTECT YOUR MONEY FROM LOSS AND AVOID PROBATE , WOULD YOU LIKE TO LEARN ABOUT IT?  YES  NO

DO YOU WANT TO PROTECT:  ALL OF YOUR \$  SOME OF YOUR \$  NONE OF YOUR \$

MONTHLY \$ \_\_\_\_\_

ANNUAL \$ \_\_\_\_\_

## BANKING INFO

BANKING INFO \_\_\_\_\_ ROUTING \_\_\_\_\_ ACCOUNT \_\_\_\_\_ DRAFT DATE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

