



KELLOGG

I N S U R A N C E

AN INTEGRITY **||** COMPANY



Let's Review:

Medical Expenses

- Doctor Charges
- Hospital Charges
- Prescription Costs

Long-Term Care Expenses

- Home Health Care
- Nursing Home Care

Final Expenses

- Burial / Cremation
- Spousal Support
- Gifting & Taxes

Outliving Savings

- Monthly Income
- Asset Preservation
- Legacy Planning

Confidential Needs Analysis

Confidential Needs Analysis

Name: _____ DOB: _____ Spouse: _____ DOB: _____

Phone Number: _____ Email: _____

Hobbies: _____ What did you do before retiring? _____

Children: _____ Location: _____ Current Employment: _____

Grandchildren: _____ Location: _____

Final Expenses

What plans have you made for covering your final expenses? _____

Do you have life insurance you own and control? *(type? face amount, company, premium):*

When was the last time someone reviewed your policies with you? _____ *(review them)*

Do you have a will in place? _____ Is it up to date? _____

Health Insurance

What type of health insurance do you have right now? *(type, carrier, benefits, premium):*

Do you have a dental or vision program that you are paying extra for? _____ Cost? _____

If you could change anything about your coverage what would it be? _____

Do you have any hospital, cancer, heart attack / stroke or indemnity programs that you pay extra for? *(type, carrier, benefits, premium):* _____

Other things you have done to protect yourself: _____

Did you select and make these decisions yourself or did someone else direct your decisions? Who? _____

Health

How has your health been lately? _____

Any hospital stays in the past 3 years? _____ For what? _____

Tobacco use? _____ History of heart / respiratory problems, high blood pressure, diabetes, stroke, cancer, nervous disorders, arthritis, or depression? _____

Spouse? _____

What prescription medications are you taking? _____

Spouse? _____

Long & Short-Term Care

Most people have three concerns when it comes to long-term care: remaining independent (*not burdening their children*), having choices, and protecting their assets.

Which is most important to you? _____

Are you familiar with how your medical insurance pays for nursing home or home health care? _____ If no, explain.

Do you have a separate program that covers long or short-term care?

(*carriers, benefits, premium*) _____

Have you ever looked into this kind of planning before? _____

What company? _____ Why did you not go ahead with the program? _____

(*Too expensive*) How much was it? _____

(*Wrong type*) What were you looking for? _____

Have any of your relatives ever needed home care, assisted living or nursing home care?

_____ For how long? _____ How did they fund it? _____

How is the longevity in your family? _____ Mother? _____ Father? _____

Do you have a healthcare directive or living will in place? _____ Who will make the decisions on your behalf? _____

Outliving Your Savings

There are many programs that Medicare and the government provide. To see which of these you may qualify for, I'd like to ask you a few questions. With that in mind,

I assume you have Social Security income? _____ A pension? _____

Do you use the interest from your savings and investments or do you allow it to accumulate? _____

Other income source? _____ Are you paying income taxes on your earned interest or investment? _____ What kind of investor do you consider yourself?

(*conservative, moderate, speculative*) _____

Assets: Do you own your home? _____ Any savings? _____ CDs? _____

IRAs? _____ Annuities? _____ Mutual Funds? _____ Stocks? _____

Bonds? _____ Other Property? _____

Approximately what is your monthly Social Security benefit? _____

Does your pension have survivor benefits? If so, what type? _____

Outliving Your Savings, *continued*

| Assets | Rate of Return | Value |
|---------------|----------------|-------|
| Savings | | |
| CDs | | |
| IRAs | | |
| Annuities | | |
| Mutual Funds | | |
| Stock & Bonds | | |
| Property | | |

Expenses (rent, mortgage, utilities, etc.): _____

Total Assets: _____ Total Income: _____ Total Expenses: _____ (+/-) _____

Wrap Up

Referrals:

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Notes / Follow Up Requests:

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