

Agent Name

Agent Phone Number

Assessment Date

Needs Assessment Checklist

Name	Age	Gender
Monthly Income		
Social Security		\$ _____
Pension		\$ _____
Retirement Plan		\$ _____
Other Sources		\$ _____
	Sub Total	\$ _____
	Less Expenses*	\$ _____
	Total Savings	\$ _____

*Money set aside for family members, college funds, vacations, charities, etc.

Potential Needs & Liabilities

Health Insurance

Do you have a Medicare Supplement policy? **Yes** **No**

If Yes, who is your carrier? _____ Which plan do you have? _____

What is your monthly premium? _____ Are you satisfied with your rate? **Yes** **No**

Do you have Part A & Part B Medicare Benefits **Yes** **No**

Do you have any other health coverage? **Yes** **No**

If Yes, please describe _____

Medicare supplement insurance policies are standardized. These plans help pay those expenses Medicare does not.

Hospital Indemnity Insurance

Do you have out-of-pocket expenses for hospital and other services under your current health plan? **Yes** **No**

Do you have the resources to pay for hospital and other services out-of-pocket? **Yes** **No**

You would be liable for paying out-of-pocket expenses without a plan.

Extended Nursing Care Insurance

Do you have Long-Term Care (LTC) or Short-Term Care (STC) insurance? **Yes** **No**
Do you have the resources to pay for a nursing home stay? **Yes** **No**

A short stay at an assisted living facility can cost thousands of dollars. Basic plans provide coverage for Nursing Home stays, while other plans offer Assisted Living and Home Health Care benefits.

Cancer Insurance

Do you have an insurance plan to cover the costs of a cancer diagnosis? **Yes** **No**

Prescription coverage for cancer medications can be an out-of-pocket cost and expensive. Some plans may require that you submit claims for each procedure, while other pays full benefits upon first diagnosis.

Additional Insurances

Do you have dental insurance ? **Yes** **No**
Do you have vision insurance ? **Yes** **No**
Do you have hearing insurance ? **Yes** **No**

These three services are not covered by Medicare. These plans provide coverage for preventative care and other basic services. Waiting periods generally apply for more expensive procedures. Plans cover anywhere from one to all three services.

Life Insurance

Do you have Life insurance ? **Yes** **No**
Do you have the resources to settle debts and cover funeral costs? **Yes** **No**

Medicare will not cover funeral costs or pay for expenses after your death. Payment from a Life policy will be made to a loved one to cover various expenses, such as funeral costs, outstanding debts or bills, etc. It may also be used to provide for a dependent's long-term financial security.

Your Benefit Needs Summary

Use the checklist below to review which types of coverage you need:

Medicare Supplement Insurance	Dental Insurance
Hospital Indemnity Insurance	Vision Insurance
Extended Nursing Care Insurance	Hearing Insurance
Cancer Insurance	Life Insurance