DOUBLE T. INVESTMENTS

COVERAGE ASSESSMENT

Profile

Name _____ Gender _____ Age _____

Address_____ City_____

Email_____ Zip _____

Phone_____

Health Insurance

Do you already have an account on the State Exchange . ☐ Yes ☐ No

Do you already have a primary care physician ☐ Yes ☐ No

Are you currently taking prescription medications ☐ Yes ☐ No

Describe any health coverage you currently have (VA, Union, etc)

If Yes, who is your carrier _____

which plans do you have _____

Sometimes, these three services have waiting periods for the more expensive type procedures, and are not generally covered by Medicare...

Do you have a dental plan ☐ Yes ☐ No

Do you have a vision plan ☐ Yes ☐ No

Do you have a hearing plan ☐ Yes ☐ No

Additional Coverages

Are you currently eligible for Medicaid or any special-needs programs ☐ Yes ☐ No

Hospitalization Plan

Do you have resources to pay the hospital and other services, out-of-pocket ☐ Yes ☐ No

Do you currently have a Hospitalization Plan for your out-of-pocket expenses ☐ Yes ☐ No

Life Coverage

Do you have liquid resources to cover funeral costs and settle all debts ☐ Yes ☐ No

Do you currently have a Life insurance policy ☐ Yes ☐ No

Do you have enough Life insurance to settle all debts ☐ Yes ☐ No

DOUBLE T. INVESTMENTS

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Do you have the resources to leave a legacy ☐ Yes ☐ No

Medicare

Are you turning 65, over 65, or under 65 with a disability ☐ Yes ☐ No
Are you entitled to Medicare Part A ☐ Yes ☐ No
Are you enrolled in Medicare Part B ☐ Yes ☐ No
Have you enrolled in a Prescription Drug Plan ☐ Yes ☐ No

Supplemental Coverage

Do you have a Plan B for income, if you get sick or hurt and cannot work ☐ Yes ☐ No
Do you have resources to cover the out-of-pocket cost of a cancer diagnosis ☐ Yes ☐ No
Does Cancer, Heart attack, Stoke, Diabetes or Kidney Disease run in the family ☐ Yes ☐ No

Some plans pay per procedure-claim, while others pay lump-sum

Long Term Care Insurance (LTC)

Do you have the resources to pay for multiple nursing home stays..... ☐ Yes ☐ No
Do you have Long-Term Care (LTC) Coverage..... ☐ Yes ☐ No

Retirement Income

Do you have accumulated assets that you want to protect..... ☐ Yes ☐ No
Do you currently have stocks, bonds, mutual funds account ..... ☐ Yes ☐ No
Do you currently have an Annuity policy ..... ☐ Yes ☐ No
Do you have a retirement savings account ..... ☐ Yes ☐ No

Based on your answers:
We would like to send you some helpful information on the following coverage(s).

Health	Ancillary	Life	Supplemental	LTC	Retirement	Group