

CONFIDENTIAL CLIENT ANALYSIS

Name: _____ DOB: _____

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MEDICARE

1. Are you currently enrolled in Medicare with both parts A & B? Yes No
2. Who do you have your supplement with? _____
3. Which plan do you have? A B C D F G K L M N
4. How much is your monthly premium? _____ Have you had a rate increase – how much? _____
5. How has your health been for the last 5 years? Have you been:
Hospitalized Heart Attack Stroke Insulin-dependent diabetes Cancer
6. Have you ever used a Medicare Advantage Plan, and if so, which one? _____
7. If you could change anything about your insurance, what would it be? _____

8. Are you enrolled in Medicare Part D? Yes No

CANCER / HOSPITAL INSURANCE

1. Is there a history of cancer in your family? Yes No
2. If you had cancer would you need to travel for treatment? Yes No
3. If you have a Medicare Advantage plan, how much is your hospital co-pay? _____/day for _____ days

RECOVERY CARE

1. Have you made plans to protect your assets against the cost of a Rehabilitative Facility? Yes No
2. Have you know anyone who was placed in a Rehabilitative Facility? Yes No
3. What effect did it have on the family – financially and emotionally? _____

4. If needed, could your children provide 24 hour/day care for you? Yes No
5. Is it important to you to protect your assets from these type of costs? Yes No
6. If you had to spend \$4,500/month for care, how long would it take to deplete your assets? _____
7. If I could show you a way to protect your assets and let you decide the type of care you would receive, would you be interested? Yes No

FINAL EXPENSE / BURIAL & DVH

1. Do you have something to cover your final expenses / burial? Yes No
2. Do you have Dental, Vision and/or Hearing coverage? Yes No