

# Health Care Planning Documentation Form

*If I see any gaps in your coverage or areas of concern, would you mind if I make a written recommendation and review the options that may be available?*

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Follow Up: \_\_\_\_\_  
 # of Children: \_\_\_\_\_ # of Grandchildren: \_\_\_\_\_ # of yrs. Married: \_\_\_\_\_ Agent: \_\_\_\_\_

1. Are you enrolled in Medicare Part A & B? Yes / No    Medicaid: Yes / No    Do you go to the VA? Yes/ No
2. Have you applied for the 2017 Updated Federal L.I.S. Program (Single - \$1,485    Married - \$2,002)? Yes/No
  - Current monthly income: SS \$ \_\_\_\_\_ / \_\_\_\_\_    Pension \$ \_\_\_\_\_ / \_\_\_\_\_    Other \$ \_\_\_\_\_ / \_\_\_\_\_
3. Are you enrolled in a \$0 Premium Medicare Part C Plan? Yes / No    Did you add the Advantage Plus rider, which covers your copays and deductible's for Hospital, Ambulance and Skilled Nursing? Yes/ No
4. Are you on a Medicare Supplement Plan? Carrier: \_\_\_\_\_    Premium \$ \_\_\_\_\_    # of years \_\_\_\_\_
  - Did you choose \$0 deductible with a **Higher** premium or *the \$147 deductible* with lower premium? F G
  - What would interest you more with your Medicare supplement? Having a **lower monthly premium** with the same Benefits? or Keeping your **premium the same** but adding *more Benefits?* \_\_\_\_\_
  - Do you take prescriptions? Yes / No    Part D (Rx) Drug carrier? \_\_\_\_\_    Premium \$ \_\_\_\_\_
5. Do you have a Dental, Vision & Hearing coverage? Yes / No    If No, how do you pay? \_\_\_\_\_
6. Does Cancer / Heart Attack / Stroke run in your immediate family? Yes / No    Which illness? \_\_\_\_\_
7. In the event you were to need Home Health Care, do you have a plan that allows your spouse or a family member to be the **Care Manager** and not the **Care Giver**? Yes / No    Plan type? \_\_\_\_\_
8. Do you currently have life insurance? Yes / No    Are you still paying? Yes / No    Type: WL / TERM / UL
  - Face Amount \$ \_\_\_\_\_    # of years paying? \_\_\_\_\_    How many policies? \_\_\_\_\_    Premium: \$ \_\_\_\_\_
  - Are you aware that you may be eligible for a premium reduction or an increase in coverage on you current life insurance policies if your policy has been in force for over 2 years? Yes/ No
  - If you have **No Life or Final expense policy**, Who or How will your burial be paid for? \_\_\_\_\_
9. Do you have an updated- Will, Living Will, Medical P.O.A as well as Identity Theft protection plan? Yes/No
10. Have you looked into how a Reverse Mortgage can pay off debt, be used to transfer the equity to your children tax free or be used as a guaranteed lifetime income? Yes/No
11. Do you currently have your SAFE / Retirement Savings invested in the following?
  - Would you be interested in learning how to **protect your principal** and transfer your retirement to your **children tax free** when you pass away? Yes / No
  - CD \$ \_\_\_\_\_    Annuities/IRA \$ \_\_\_\_\_    Money Market \$ \_\_\_\_\_    Savings \$ \_\_\_\_\_    401k \$ \_\_\_\_\_
  - What is your average interest earned? \_\_\_\_\_    Do you let it roll over or draw an income from it? \_\_\_\_\_
  - Are you using your retirement to? Leave to your children / Take an income / Other? \_\_\_\_\_
  - Are you interested in learning about a **NEW IRA Annuity** that provides **100% principal protection** and pays a **Guaranteed Life Time Income that you cannot out live?** Yes / No
12. Now that we have identified the gaps in your coverage, which are your **biggest concerns**?
  - 1.) \_\_\_\_\_
  - 2.) \_\_\_\_\_
  - 3.) \_\_\_\_\_

***"Before I make a recommendation, let me ask you a few more questions to make sure I fully understand your current concerns"***