

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 Updated Federal L.I.S. Program (Single - \$1,507 Married - \$2,030)? 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 \$183 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"