



Benefits Analysis Form

Personal Data

Client Name _____ D.O.B _____

Address _____ City _____ State ____ Zip _____

County _____ Home Phone # _____ Cell # _____

Marital Status: Married Single Widowed

Spouse Name _____ D.O.B. _____

Power of Attorney? Yes No

POA Name _____ Relationship _____

Phone # _____ Cell # _____

Doctor Name _____ Phone# _____ Fax# _____

Address _____ City _____ State ____ Zip _____

Date of last visit __/__/____

Occupations Past/Current

Client Last Occupation _____ Employer Name _____

Did you have insurance at this job? ____ What Kind? _____

Spouse Last Occupation _____ Employer Name _____

Did they have insurance at this job? ____ What Kind? _____

Do you or your spouse still have any insurance from each others job? _____



Current Health Insurance

	Medicare A&B Y/N	Private Insurance Company	Plan Name	Premium
Client				
Spouse				

Are you enrolled in your state Medicaid Program? _____

Does Medicare take \$96 out of your social security? _____

Do you receive any extra help to pay for prescription drugs? _____

Final Expense

	Insurance Company	Face Amount	Owner	Beneficiary	Type T,UL,WL,VL	Premium
Client						
Spouse						

What do you want your life insurance to pay for? _____

If you passed away who would pay for your funeral? _____

Have you purchased life insurance for your grandchildren yet? Yes / No

Grandchildren

Name _____ D.O.B. _____ State _____

Name _____ D.O.B. _____ State _____



Income

Monthly Income	Employment Income	Social Security	Pensions	IRAs/ 401(k)s	Others
Client					
Spouse					

Current Health

Client	Spouse		Notes	Client	Spouse	
		ESRD				Diabetes
		Heart Attack				Pacemaker
		Bypass Surgery				Angioplasty/Stent
		CHF/Asthma/COPD				HBP/Cholesterol
		Arthritis/Gout/Lupus				Need help at home
		Alzheimer's/ Dementia				Eyes/Hearing Problems

What is most important to you?

	Help With Prescription Drugs
	Dental Benefits
	Vision Care
	Hearing Benefits
	Transportation Benefits
	Diabetic Supplies
	Health Benefits
	Help With Final Expense