



| Agent Name: | Date of Interview: | | | |
|--|---|--|--|--|
| | | | | |
| Name: | Spouse: | | | |
| DOB: | DOB: | | | |
| Height: ft in Weight: lbs | Height: ft in Weight: lbs | | | |
| SSN: | SSN: | | | |
| Drivers License #: | Drivers License #: | | | |
| Address: | Anniversary Date: | | | |
| Phone #: | Children & Ages: | | | |
| | | | | |
| Medical Expenses | | | | |
| Do you own a medicare supplement plan? Yes | No Are you enrolled in Medicare A&B? Yes No | | | |
| Company: Plan: | Premium: | | | |
| What do you like and dislike about your plan? | | | | |
| | | | | |
| | | | | |
| Tell me about your health in the past five years: | | | | |
| | | | | |
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| Tell me about your health in the past five years: | | | | |
| Tell me about your health in the past five years: What medications are you currently taking? | Yes No | | | |
| Tell me about your health in the past five years: What medications are you currently taking? Extended Care | Yes No Elimination Period: | | | |
| Tell me about your health in the past five years: What medications are you currently taking? Extended Care Do you own a long-term care insurance plan? | 0 0 | | | |
| Tell me about your health in the past five years: What medications are you currently taking? Extended Care Do you own a long-term care insurance plan? Daily Benefits: | Elimination Period: | | | |
| Tell me about your health in the past five years: What medications are you currently taking? Extended Care Do you own a long-term care insurance plan? Daily Benefits: Benefit Period: Company: | Elimination Period: Inflation Protection Yes No | | | |
| Tell me about your health in the past five years: What medications are you currently taking? Extended Care Do you own a long-term care insurance plan? Daily Benefits: Benefit Period: Company: Most people have 4 concerns regarding LTC: remaining at home. | Elimination Period: Inflation Protection Yes No Premium: | | | |
| Tell me about your health in the past five years: What medications are you currently taking? Extended Care Do you own a long-term care insurance plan? Daily Benefits: Benefit Period: Company: Most people have 4 concerns regarding LTC: remaining | Elimination Period: Inflation Protection Yes No Premium: | | | |
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| Tell me about your health in the past five years: What medications are you currently taking? Extended Care Do you own a long-term care insurance plan? Daily Benefits: Benefit Period: Company: Most people have 4 concerns regarding LTC: remaining at home. Please tell me what your concerns are: | Elimination Period: Inflation Protection Yes No Premium: independent, having choices, protecting assets, and staying No Amount of coverage? \$ ole Monthly Premium \$ | | | |

| Retirement Income | | | | | | | |
|---|------------|--|-----------|------------|--------|--|--|
| Please list any and all monthly income for you and your spouse | | | | | | | |
| Employment | You \$ | | Spouse \$ | | | | |
| Social Security | You \$ | | Spouse \$ | | | | |
| Pension | You \$ | | Spouse \$ | | | | |
| | | | | Transfers? | Yes No | | |
| Who do you consult when making a financial decision? | | | | | | | |
| Agent Notes: | | | | | | | |
| Materials Used: | | | | | | | |
| Presentations Used: | | | | | | | |
| | | | | | | | |
| I have participated in the presentation and I have provided an accurate picture of my current medical and financial situation in this Confidential Need Analysis. I understand that any recommendations are based on these responses. | | | | | | | |
| Date: | Signature: | Date/Time for follow-up appointment (if appropriate) | | | | | |