

CONFIDENTIAL CLIENT ANALYSIS

Name: _____ DOB _____ Name: _____ DOB _____

Address: _____ Phone: _____

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 E F G H I J
- 4. How much is your monthly premium? _____
- 5. Have you had a rate increase lately? Yes No How Much? _____
- 6. Do you have any other insurance such as Cancer or Hospital Indemnity?..... Yes No
- 7. How has your health been for the last 5 years? Have you been:
Hospitalized _____ Heart Attack _____
Insulin-dependent diabetes _____ Stroke _____ Cancer _____
- 8. If you could change anything about your insurance, what would it be? _____

LIFE INSURANCE

- 9. Are you still paying for life insurance?..... Yes No
Premium: _____ Face Amount: _____ Type: _____

SAVINGS AND INVESTMENTS

- 10. What are your greatest concerns regarding your savings and retirement income? _____

- 11. Are you satisfied with the interest rate you are receiving on your CD's, IRA or 401K?..... Yes No
- 12. What are your plans for the assets you have accumulated? _____

- 13. If you could change anything about your investments or financial advisor what would it be? _____

NURSING HOME CARE

- 14. Have you made plans to protect your assets against the cost of a Nursing Home stay?..... Yes No
- 15. Have you known anyone who was placed in a nursing home? Yes No
- 16. What effect did it have on the family-financially and emotionally? _____
- 17. If needed, could your children provide 24 hr.-a-day care for you?..... Yes No
- 18. Is it important to you to protect your assets from nursing home expenses?..... Yes No
- 19. The average monthly charge for Nursing Home care is \$3,891 (National Center for Health Statistics, Health, United State, 2003). At this rate, how long would it take to deplete your savings? _____
- 20. 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
- 21. IF - AS A RESULT OF OUR MEETING - YOU ARE SATISFIED AND COMFORTABLE WITH ME, MY PROFESSIONALISM, AND MY PRODUCTS AND SERVICES, WOULD YOU BE WILILNG TO CONTACT SOME OF YOUR FRIENDS, RELATIVES AND ASSOCIATES?

