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Financial Consulting & Wealth Planning

DISABILITY INSURANCE NEEDS ANALYSIS

Organizing your Financial Life

FAMILY INFORMATION

Client Name:	Date of Birth: / /	Marital Status:
Spouse Name:	Date of Birth: / /	
Address:		
City:	State:	Zip:
Home Phone:	Fax:	
Client Cell Phone:	Spouse Cell Phone:	
Client Email:		

DISABILITY INSURANCE

	Disability 1	Disability 2
Policy Name		
Policy Type		
Insured		
Benefit Type		
Benefit Amount/Frequency		
Annual Premium		
Benefit is Taxable?		

INCOME

Name	Annual Amount	Owner	Starts	Ends
Salary/Bonus				
Salary/Bonus				
Other				
Social Security- Client				
Social Security- Spouse				

EXPENSES

Current	Retirement	Desired Income in the Event of Death:	
		Client's Death	Spouse's Death