



INCOME PROTECTION ANALYSIS WORKSHEET

This worksheet was designed to help you clarify what income protection you have in place and what income may still be exposed to risk in the event you become too sick or injured to work.

Name _____
 Occupation _____
 Age _____
 Agent _____
 Agent Contact Information _____

MONTHLY INCOME:	GROSS	AFTER TAXES
1. Salary	\$ _____	\$ _____
2. Bonus Incentive Compensation	\$ _____	\$ _____
3. Other	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

HOW DO YOU PROTECT YOUR INCOME?

Do you own any type of insurance to help protect your income? Yes No _____

If yes, who pays the premium? _____

If disabled, what percent of your TOTAL monthly take home income is replaced by your Group LTD Benefit? _____ %

Is there a monthly benefit cap? If so, do you know know what it is? _____ % or \$

Is bonus incentive compensation covered? Yes No _____

Are retirement contributions covered? Yes No _____

If yes, how? _____

If yes, does it include Employer match contributions? Yes No _____

INCOME PROTECTED: _____

INCOME UNPROTECTED:

Here's what you can do to help protect the income at risk:

1. _____

2. _____

3. _____

FOLLOW-UP MEETING DATE/TIME: _____

Disability income products underwritten and issued by Berkshire Life Insurance Company of America, Pittsfield, MA, a wholly owned stock subsidiary of The Guardian Life Insurance Company of America, New York, NY.