

# The Council for Disability Awareness



## Personal Financial Security Plan

Name \_\_\_\_\_

Date \_\_\_\_\_

### Monthly Income while disabled:

	1 <sup>st</sup> 6 months of disability	6 months and after of disability
Spouse's Monthly Income	\$ _____	\$ _____
Employer Sick Pay	\$ _____	\$ _____
Disability Insurance Payments	\$ _____	\$ _____
Income from Regular Savings/Investments	\$ _____	\$ _____
Workers' Compensation Payments	\$ _____	\$ _____
Social Security Payments	\$ _____	\$ _____
Others Sources of Income (money from family, friends, home equity loans)	\$ _____	\$ _____
<b>Your estimated total monthly income:</b>	\$ _____	\$ _____

### Monthly Expenses while disabled:

	1 <sup>st</sup> 6 months of disability	6 months and after of disability
Mortgage & Taxes or Rent Payments	\$ _____	\$ _____
Utilities (Heat, Phone, Electricity, Water)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Transportation Expenses (Car Payments, Gas, Repairs)	\$ _____	\$ _____
Insurance Premiums (Health, Auto, Home, Life)	\$ _____	\$ _____
Medical/Dental Care Expenses	\$ _____	\$ _____
Retirement Plan Contributions	\$ _____	\$ _____
Other (Childcare, Entertainment, Tuition, Savings)	\$ _____	\$ _____
<b>Your estimated total monthly expenses:</b>	\$ _____	\$ _____

### Based on your estimates if you became disabled and lost your income, you would have:

\$ \_\_\_\_\_ (more/less) income than expenses during the first 6 months of disability

\$ \_\_\_\_\_ (more/less) income than expenses after 6 months of disability

### List the actions that you can take to help balance your income and expenses during a period of disability:

	<i>Date to complete</i>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____