

Client Needs Assessment

NAME: _____ PHONE: _____

DOB: _____ FAMILY NEARBY: _____

EMAIL ADDRESS: _____

1. Have you had any claims in the last 2 years?

2. Which parts of Medicare do you currently have?

3. Do you carry a Medicare Supplement or Medicare Advantage Plan?

4. What Plan/Company do you have? _____

When did you get it? _____

Why did you decide on that plan? _____

How much does it cost? _____

5. Do you have a history of cancer in your family?

6. Have you had a family member use home health care or go into a nursing home?

How did they pay for it? _____

How would you pay for it? _____

7. Are you currently carrying any life insurance, and are you still paying premium on it?

Do you have life insurance? _____ What is the death benefit? _____

What is your premium? _____ What is the cash value? _____

8. Have you made any arrangements to take care of final expenses?

9. Are you satisfied with the present rate of return on your investments?

