



JAS-Insurance Group

# **Confidential Needs Analysis**

For your Peace of Mind



Date \_\_\_\_\_

Prepared By \_\_\_\_\_

Client Name \_\_\_\_\_ DOB \_\_\_\_\_

Occupation \_\_\_\_\_

Spouse \_\_\_\_\_ DOB \_\_\_\_\_

Occupation \_\_\_\_\_

Primary Address \_\_\_\_\_

Telephone \_\_\_\_\_ How many children \_\_\_\_\_

Email \_\_\_\_\_ How many grand children \_\_\_\_\_

## Health Insurance

Who are your health insurance or Medicare supplements insurance providers?

Client \_\_\_\_\_ Price \_\_\_\_\_

Spouse \_\_\_\_\_ Price \_\_\_\_\_

Do you know What type of plan you have?

Client \_\_\_\_\_

Spouse \_\_\_\_\_

Do you have separate Drug Coverage?

Client PDP Carrier \_\_\_\_\_

Spouse PDP Carrier \_\_\_\_\_

Do you have LTC insurance? \_\_\_\_\_

If so, who is the carrier?

Client \_\_\_\_\_

Spouse \_\_\_\_\_

Do you know the premium cost? \_\_\_\_\_

Tell me about your health over the past three years

Client \_\_\_\_\_



Health of Spouse \_\_\_\_\_

Have you had a conversation concerning the need for LTC?

Who would care for you if you needed LTC? \_\_\_\_\_

How would you protect your assets if you needed LTC?

\_\_\_\_\_

Do you have Life insurance?

Client \_\_\_\_\_ Type of policies \_\_\_\_\_ Cost \_\_\_\_\_

Amount of Death Benefit \_\_\_\_\_ Beneficiaries \_\_\_\_\_

Spouse \_\_\_\_\_ Type of policies \_\_\_\_\_ Cost \_\_\_\_\_

Amount of Death Benefit \_\_\_\_\_ Beneficiaries \_\_\_\_\_

When was the last time you reviewed your policies? \_\_\_\_\_

## Retirement and Savings

What are your sources of income?

Client \_\_\_\_\_

Spouse \_\_\_\_\_

What are your concerns with your investments and expenses?

Client \_\_\_\_\_

Spouse \_\_\_\_\_

What is your risk tolerance?

Client \_\_\_\_\_

Spouse \_\_\_\_\_

What are your retirement goals?

\_\_\_\_\_

Do you have a will or a trust? \_\_\_\_\_

Do you have a power of attorney? \_\_\_\_\_

Does anyone help you make financial or health care decisions? \_\_\_\_\_

Who would help you make decisions if needed? \_\_\_\_\_