



ANNUITY RESOURCE CENTER

Confidential Need Analysis

Agent Name:

Date of Interview:

Name:

Spouse:

DOB:

DOB:

Height: ft in Weight: lbs

Height: ft in Weight: lbs

SSN:

SSN:

Drivers License #:

Drivers License #:

Address:

Anniversary Date:

Phone #:

Children & Ages:

Medical Expenses

What type of Medical plan do you currently own?

Are you enrolled in Medicare A&B?

Company:

Plan:

Premium:

What do you like and dislike about your plan?

Tell me about your health in the past five years:

What medications are you currently taking?

Extended Care

What plan do you currently have to cover Home Care and Long-Term Care?

Daily Benefits:

Elimination Period:

Benefit Period:

Inflation Protection Yes No

Company:

Premium:

Do you know anyone who has needed Long-Term care, either at home or in a nursing facility? Yes No

Most people have 4 concerns regarding LTC: remaining independent, having choices, protecting assets, and staying at home.

Please tell me what your concerns are:

Life Insurance

Do you own any personal life insurance? Yes No Amount of coverage? \$

Do you have anything that acts like life insurance (self insured)? Yes No Amount? \$

Check all that apply: 401k IRA Roth IRA CD Annuity Brokerage Account

Retirement Income

When you retired (retire), did (will) you qualify for SS? (monthly amount)

A company pension? (monthly amount)

Monthly expenditures?

Who do you consult when making a financial decision?

Agent Notes:

Materials Used:

Presentations Used:

I have participated in the presentation and I have provided an accurate picture of my current medical and financial situation in this Confidential Need Analysis. I understand that any recommendations are based on these responses.

Date:

Signature:

Date/Time for follow-up appointment (if appropriate)