



Client Profile

Client's Name: _____

Personal Information

Legal Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone Number(s): _____ Email: _____

DOB: _____ Marital Status: _____ # of Children: _____

Tobacco Status: _____ Height/Weight: _____

Medical History: _____

Health Coverage Information

Company _____ Group or Individual _____

Monthly Premium _____ Premium Subsidies _____

Medicare _____ Medicaid _____

Dental/Vision _____ Short Term Care _____

Cancer/Heart/Stroke _____ Accident _____

Asset Protection Products _____ Additional Info _____

Life Insurance Coverage Information

Current Carrier(s): _____

Type of Coverage: [] Year Term Whole Life UL IUL GUL Final Expense

Coverage Amount(s): \$ _____ \$ _____ \$ _____ \$ _____

Actual Need: \$ _____

Riders on Your Plans: LTC Chronic Illness Child Return of Premium Accidental Death

Additional Information: _____

Agent's Name: _____

HOW MUCH LIFE INSURANCE DO YOU NEED?

I. DEBT NEEDS

Mortgage owed	\$	
Credit Cards	\$	
Miscellaneous Debt (auto loans, business loans, etc.)	\$	
TOTAL DEBT		\$

II. FAMILY EXPENSES

College Education in 2017-2018 4-year average tuition: Private = \$203,600 Public = \$101,160	\$ (multiply by # of kids)	
Annual Living Expenses (How much will your family need to maintain their current standard of living. Add up bills, current food expenses, extra-curricular activities/hobbies, taxes, etc.)	\$ (multiply by years insurance must last)	
TOTAL FAMILY INCOME NEED		\$

III. FUNERAL EXPENSES

Funeral cost (Average funeral cost is \$8,500)	\$	
Legal Fees	\$	
Potential Outstanding Medical Bills	\$	
TOTAL FUNERAL EXPENSES		\$

ADD I, II, III TOGETHER

TOTAL NEED		\$
-------------------	--	----

IV. AVAILABLE INCOME

Spouse's Income (multiply by years insurance must last)	\$	
Social Security and/or Pension (multiply by years insurance must last)	\$	
Investment Income	\$	
Additional Income(current life insurance, retirement plans,etc.)	\$	
TOTAL AVAILABLE INCOME		\$

SUBTRACT IV. FROM TOTAL NEED

TOTAL ADDITIONAL LIFE INSURANCE NEEDED		\$
---	--	----