

# Needs Assessment Checklist

## Preliminary Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

### Monthly Income

Social Security.....\$ \_\_\_\_\_

Pension.....\$ \_\_\_\_\_

Retirement Plan.....\$ \_\_\_\_\_

Other Sources.....\$ \_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_

**Total Savings\*** \$ \_\_\_\_\_

\* Less any money set aside for family members, college funds, vacations, charities, etc.

Do you have Part A & Part B Medicare Benefits?..... ☐ Yes ☐ No

Agent Name \_\_\_\_\_

Agent Phone # \_\_\_\_\_

Assessment Date \_\_\_\_\_

## Potential Needs and Liabilities

### Health

Do you have a Medicare Supplement policy?..... ☐ Yes ☐ No

If Yes, who is your carrier? \_\_\_\_\_ Which plan do you have? \_\_\_\_\_

What is your monthly premium? \_\_\_\_\_ Are you satisfied with your rate? ☐ Yes ☐ No

Do you have any other health coverage?..... ☐ Yes ☐ No

If yes, please describe \_\_\_\_\_

Each standardized Medicare Supplement policy must cover basic benefits. These help fill the coverage gaps in your Medicare Coverage.

### Life Insurance

Do you have Life insurance?..... ☐ Yes ☐ No

Do you have the resources to settle debts and cover funeral costs?..... ☐ Yes ☐ No

Medicare will not cover funeral costs or pay for expenses after your death. Payment from a Life policy will be made to a loved one to cover various expenses like funeral costs, outstanding debts or bills, etc. It may also be used to provide for a dependent's long-term financial security.

## Extended Nursing Care

Do you have Long-Term Care (LTC) or Short-Term Care (STC) insurance?..... ☐ Yes ☐ No

Do you have the resources to pay for a nursing home stay out-of-pocket?..... ☐ Yes ☐ No

*A short stay at an assisted living facility can cost thousands of dollars. Basic plans provide coverage for Nursing Home stays, while other plans offer Assisted Living and Home Health Care benefits.*

## Cancer

Do you have insurance, or a plan to cover the costs of a cancer diagnosis?..... ☐ Yes ☐ No

*Prescription coverage for cancer medications can be an out-of-pocket cost and expensive. Some plans may require that you submit claims for each procedure, while others pay full benefits upon first diagnosis.*

## Secondary

Do you have dental insurance?..... ☐ Yes ☐ No

Do you have hearing insurance?..... ☐ Yes ☐ No

Do you have vision insurance?..... ☐ Yes ☐ No

*These three services are not covered by Medicare, or by most Medicare Supplement policies. These plans provide coverage for preventative care and other basic services. Waiting periods generally apply for more expensive procedures. Plans cover anywhere from one to all three of these services.*

## Your Benefit Needs Summary

*Use the checklist below to review which types of coverage you need:*

☐ Medicare Supplement/Medicare Advantage

☐ Dental

☐ Life

☐ Vision

☐ Extended Nursing (LTC or STC)

☐ Hearing

☐ Cancer