



Health/Medicare Needs Analysis

Today's Date: _____

Agent: _____

Existing policies in agency? _____

Client Code: _____

What date do you need coverage effective? _____

What is your preferred method of contact? _____

Phone: _____

US Mail: _____

Email: _____

Client Name:

Address: _____

County: _____

City, State, Zip: _____

Phone Number (best to reach at): _____

Employer: _____

SS # _____

Email address: _____

Date of Birth: _____

Gender: _____

M / F

Age: _____

Tobacco Use: _____

Yes

No

Spouse Name:

Employer: _____

SS # _____

Email address: _____

Date of Birth: _____

Gender: _____

M / F

Age: _____

Tobacco Use: _____

Yes

No

Child/Dependent Name: _____

DOB: _____

M / F

Tobacco Use? _____

Y / N

Child/Dependent Name: _____

DOB: _____

M / F

Tobacco Use? _____

Y / N

Child/Dependent Name: _____

DOB: _____

M / F

Tobacco Use? _____

Y / N

Child/Dependent Name: _____

DOB: _____

M / F

Tobacco Use? _____

Y / N

Health Insurance

Estimated Gross Household Income: \$ _____

Number of individuals in household that are claimed on tax return: _____

Employer Coverage Available? _____

Y / N

If yes, through where? _____

Prior Coverage? _____

Y / N

If yes, through where? _____

What deductible / coinsurance do you want? _____

What type of coverage is important to you? _____

HMO

PPO

POS

Who is your Primary Doctor? _____

What Clinic / Location do you prefer? _____

Who Referred you to us? _____

Medicare Insurance

Have you applied for Medicare Part A, Part B and/or Part D yet? Y / N

Effective Date of Part A? Effective Date of Part B?

Do you travel within the United States? Y / N How Often?

Do you travel outside of the United States? Y / N How Often?

Have you been told that you are eligible for Low Income subsidy? Y / N

Some plans offer spousal discounts. Is your spouse on Medicare? Y / N

If yes, what plan for Medicare Supplement and Part D?

Review Income Chart for possible extra tax for Part B & Part D

(Do NOT ASK or DISCUSS their income)

Other Insurance

Life Insurance is a very important protection to have for your family to maintain the lifestyle they are accustomed to after losing a loved one. May we provide a quote for you and/or your spouse? Y / N

Disability income is if you become ill or have an accident. It is important to have the ability to pay your bills while you are laid up and unable to work. May we provide a quote for you and/or your spouse? Y / N

Are you enrolled in any voluntary benefits through your employer such as AFLAC? Y / N

If so, define what type of policies?

Comments:

Agent's Signature (person who completed the form)

Date

Client's Name
(person you completed the form with)

By Phone or In Person?

Date
