Personal Information | **Smoker** | **Non-Smoker**

Name _____ Age _____ Plan _____ Rates _____ _____

Spouse _____ Age _____ Plan _____ Rates _____ _____

Children's Names _____

Anniversary Date _____

Medicare Supplement | **Client** | **Spouse**

1. Government Programs: Medicare Part A active Date: _____ _____
   Medicare Part B active Date: _____ _____
2. Have you used your Medicare Benefits? For what? _____ _____
3. Who is your doctor? _____ _____
4. Does your doctor take assignment? Yes No Yes No
5. Health information (last 3 years)
   a) Hospitalized for Heart Disease? _____ _____ _____ _____
   b) Emphysema? _____ _____ _____ _____
   c) Paralysis or Stroke? _____ _____ _____ _____
   d) Diabetes requiring insulin? _____ _____ _____ _____
   e) Kidney Disease? _____ _____ _____ _____
   f) Crippling Arthritis? _____ _____ _____ _____
   g) Osteoporosis? _____ _____ _____ _____
   h) Cancer? _____ _____ _____ _____
   i) Alzheimer's or Parkinson's Disease? _____ _____ _____ _____
6. Who do you carry your Medicare Supplement with? _____ _____
   a) Plan/Cost _____ /_____ _____ /_____
7. What is most important to you?
   Company Stability, Service, Price? _____ _____

Long Term Care

8. Are you familiar with how your Med Supp pays for Nursing Home/Home Care?
9. Are you familiar with the DRG prospective payment system?
10. Where would you prefer to recuperate? Home _____ Nursing Home _____ Family _____
11. Have you had any personal experiences with Home Care or Nursing Home Care?
12. Do you know what he cost of Long Term Care is in this area?
    Home Health $_____ Assisted Living $_____ Nursing Home $_____
13. How would it affect your family financially if you had to pay $100,000 or more out of your pocket for Long Term Care?
    _____

Annuity

14. Have you been adversely affected by the drop in interest rates? _____
15. Are you paying any taxes on your Social Security? _____
16. Have you started taking distributions from your IRA? _____
17. Do you have money in the stock market? _____
18. How much of your savings could you afford to lose? _____
19. Have you diversified any of your funds into annuities? _____

Burial

20. How do you plan to pay the costs of final expense?
    Burial Insurance: (Client) Face Amount $_____ Premium $_____ Cash Value $_____
    (Spouse) Face Amount $_____ Premium $_____ Cash Value $_____
    Money set aside:
    Has anyone shown you how a tax advantaged insurance account compares to money in the bank for paying the cost of final expense? _____