AEGIS FINANCIAL
AN INTEGRITY COMPANY

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

Do you own a medicare supplement plan? Yes No | Are you enrolled in Medicare A&B? Yes No

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

Do you own a long-term care insurance plan? Yes No

Daily Benefits: | Elimination Period:

Benefit Period: | Inflation Protection Yes No

Company: | Premium:

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? $

Type of life insurance? Term Whole | Monthly Premium $

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

Please list any and all monthly income for you and your spouse

Employment	You $	Spouse $
Social Security	You $	Spouse $
Pension	You $	Spouse $

Transfers? ◯ Yes ◯ No

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 appropiate)