



Agent: _____

Date: _____

Client Worksheet

Client Information (email: _____)

Client Name	DOB	Age	Spouse's Name	DOB	Age
Address		City	State	Zip	
Child / Age	Child / Age	Child / Age	Child / Age	Child / Age	
\$ _____			\$ _____		
Monthly Income / Income Sources			Monthly Income / Income Sources		

Medical Information

Medical Conditions (Please List):	Smoker? Y / N	Medical Conditions (Please List):	Smoker? Y / N
_____	_____	_____	_____
_____	_____	_____	_____
Do you have Long Term Care Coverage? Y / N		Medications:	
_____		_____	
_____		_____	

Mortgage Information

\$ _____	\$ _____	_____	\$ _____	\$ _____	_____
Mortgage Balance	Mortgage Payment	Mortgage Term	Value	Equity	Mortgage Date

Current Life Insurance

Company	\$ _____	Benefactor	Company	\$ _____	Benefactor
	Death Benefit			Death Benefit	
_____	\$ _____	_____	_____	\$ _____	_____
Alternative Coverage (401K, TSP, CDs, Cash, Etc.)	Amount		Alternative Coverage (401K, TSP, CDs, Cash, Etc.)	Amount	

Medicare Information

Do you have a Medicare Supplement Plan? Y / N		Do you have a Medicare Supplement Plan? Y / N	
_____	\$ _____	_____	\$ _____
Carrier	Plan	Premium	Carrier
			Plan
			Premium
Do you have Medicare Advantage? Y / N		Do you have Medicare Advantage? Y / N	
_____	\$ _____	_____	\$ _____
Carrier	Premium	Carrier	Premium

Estate Planning

Do you have a Will? Y / N Last Updated: _____

Do you have a Will? Y / N Last Updated: _____