



# Disability Income Needs

*Prepared for:*

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*Provided by:*

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## Personal and Family Information

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	Individual	Spouse
Family		
Name		
Nickname?		
Date of Birth		
Home Address		
Home Phone		
Cell Phone		
E-Mail Address		

## Employment Information

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	Individual	Spouse
Employer		
Address		
Work Phone		
Fax Phone		
E-Mail Address		
Title		
Duties		

## Social Security

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Are you covered by Social Security?	Individual		Spouse	
	Yes	No	Yes	No

## Current Disability Income Coverage: Group

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Group Coverage	Individual	Spouse
Company		
Monthly Benefits		
Elimination Period		
Benefit Period		

## Current Disability Income Coverage: Personal

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Personal Coverage	Individual			Spouse		
	<i>Pol 1</i>	<i>Pol 2</i>	<i>Pol 3</i>	<i>Pol 1</i>	<i>Pol 2</i>	<i>Pol 3</i>
Company						
Monthly Benefits						
Elimination Period						
Benefit Period						
Optional Benefits						

## Current Expenses Worksheet

	Monthly	Annually		Monthly	Annually
<b>TAXES</b>			<b>PERSONAL</b>		
Current Gross Income	_____	_____	Personal Care	_____	_____
Federal Income Taxes	_____	_____	Professional Dues	_____	_____
State Income Taxes	_____	_____	Child Care	_____	_____
FICA/Self-Employment Taxes	_____	_____	Education/School Expenses	_____	_____
<b>TOTAL</b>	_____	_____	Cash/Allowances	_____	_____
<b>HOUSING</b>			<b>TOTAL</b>	_____	_____
Mortgage/Rent	_____	_____	<b>LOAN PAYMENTS</b>		
Property Taxes	_____	_____	Credit Card Payments	_____	_____
Homeowners/Renters Insurance	_____	_____	Personal Loan Payments	_____	_____
Utilities (Gas, Electric, Phone)	_____	_____	<b>TOTAL</b>	_____	_____
Maintenance	_____	_____	<b>OTHER EXPENSES</b>		
<b>TOTAL</b>	_____	_____	Household Furnishings	_____	_____
<b>TRANSPORTATION</b>			Recreation/Clubs/Dues	_____	_____
Car Payment	_____	_____	Dining Out	_____	_____
Auto Insurance	_____	_____	Movies/Sporting Events	_____	_____
Parking/Tolls/Bus/Train	_____	_____	Babysitter	_____	_____
<b>TOTAL</b>	_____	_____	Hobbies	_____	_____
<b>HOUSEHOLD</b>			Vacation/Travel	_____	_____
Groceries	_____	_____	<b>TOTAL</b>	_____	_____
Clothing/Dry Cleaning	_____	_____	<b>SAVINGS/INVESTMENTS</b>		
Domestic Help	_____	_____	<b>GIFTS/CONTRIBUTIONS</b>		
<b>TOTAL</b>	_____	_____	<b>EDUCATION EXPENSES</b>		
<b>INSURANCE</b>			<b>PENSION/RETIREMENT</b>		
Health Insurance	_____	_____	<b>MONTHLY TOTAL</b>		
Medical/Dental/Drugs	_____	_____	_____	_____	_____
Life Insurance	_____	_____	<b>ANNUAL TOTAL</b>		
Disability Income Ins.	_____	_____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____	_____	_____

Total Expenses	Individual	Spouse
minus Income	-	-
minus Reduction in Expenses	-	-
minus Existing Disability Income	-	-
<b>Disability Income Needed</b>		

## Important Information

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This fact finder serves to help identify your financial needs and priorities and may be used in developing proposed solutions consistent with your needs and objectives. In completing this fact finder, you are entrusting our organization with certain personal and confidential financial data. We recognize that our relationship with you is based on trust and we hold ourselves to the highest standards in the safekeeping and use of your confidential information.

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