



FINAL EXPENSE WORKSHEET

- 1) No Burial Life Insurance
- 2) Need More Life Insurance
- 3) Leave behind money for legacy

Name and Age:

Retired/Employed:

Social Security/Pension/Both:

Medicare/Med Sup:

Life Ins/Annuity:

401K/IRA/Stock/SEP/TSP/MF/CD:

Name and Age:

Retired/Employed:

Social Security/Pension/Both:

Medicare/Med Sup:

Life Ins/Annuity:

401K/IRA/Stock/SEP/TSP/MF/CD:

Heart Attack / Stroke / TIA / Cancer / Stints / Diabetes (Pills vs Insulin) / Pain Meds / HBP / Cholesterol
Asthma & COPD (Albuterol vs Corticosteroid) / Thyroid / Anxiety & Depression / Alzheimers / Dementia

Medical Conditions/Hospitalizations/Surgeries:

Prescription List (Name, Dosage, Frequency):

Personal Physician (Name and Address):

Medical Conditions/Hospitalizations/Surgeries:

Prescription List (Name, Dosage, Frequency):

Personal Physician (Name and Address):

OPTION #1

OPTION #2

OPTION #3

Name of Beneficiary:

DOB:

Relationship to Insured:

Name of Beneficiary:

DOB:

Relationship to Insured: