

INCOME PROTECTION ANALYSIS WORKSHEET

This worksheet was designed to help you clarify what income protection you have in place and what income may still be exposed to risk in the event you become too sick or injured to work.

Name _____
Occupation _____
Age _____
Agent _____
Agent Contact Information _____

MONTHLY INCOME:

	GROSS	AFTER TAXES
1. Salary	\$ _____	\$ _____
2. Bonus Incentive Compensation	\$ _____	\$ _____
3. Other	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

HOW DO YOU PROTECT YOUR INCOME?

Do you own any type of insurance to help protect your income? Yes No _____
If yes, who pays the premium? _____
If disabled, what percent of your TOTAL monthly take home income is replaced by your Group LTD Benefit? _____ %
Is there a monthly benefit cap? If so, do you know what it is? _____ % or \$
Is bonus incentive compensation covered? Yes No _____
Are retirement contributions covered? Yes No _____
If yes, how? _____
If yes, does it include Employer match contributions? Yes No _____

INCOME PROTECTED:

INCOME UNPROTECTED:

Here's what you can do to help protect the income at risk: _____
1. _____
2. _____
3. _____

FOLLOW-UP MEETING DATE/TIME:
