CAROLINA SENIOR MARKETING

EXISTING CLIENT – NEED ANALYSIS INTAKE

Agent Name: _____ Date: _____ / _____ /_____

INTRO: *"I've really enjoyed being your agent, and I realize I've mainly focused on your health coverage. I'm doing a more complete check-in to ensure nothing has fallen through the cracks in other areas. This is quick and not a sales pitch. Do you have a few minutes?"*

Client Name: _____ Date of Birth: _____ /_____ /_____

Spouse/Partner: _____ Years as Client: _____

Email: _____ Phone: _____

LEGACY PLANNING: *"I know we've never really talked about this, but do you have any life insurance in place? Even something older, a policy you may have had for years?"*

☐ Term Life ☐ Whole Life ☐ Universal Life ☐ Final Expense/Burial ☐ None/Unsure

Carrier/Company: _____ Monthly Premium: $_____

Is your current coverage still adequate for your needs? ☐ Yes ☐ No

"Has anything changed in the last year or two to make you reconsider your coverage?"

SAVINGS, RETIREMENT, & ASSETS: *"This is something I should have asked a lot sooner. Many of my clients have savings set aside in separate places, like annuities or a 401k, without revisiting. What might you have?"*

☐ CD/Savings ☐ Fixed Annuity ☐ Variable Annuity ☐ 401k/IRA/Roth ☐ Pension ☐ N/A

"Are any of those accounts coming up for renewal, or have you had a chance to review them recently? Sometimes there are better options than what was available before."

PROTECTION GAPS: *"There are a few things Medicare doesn't pick up that can really catch people off guard. Let me ask about a few of them."*

☐ Cancer/Critical Illness Policy — Carrier: _____
☐ Hospital Indemnity Plan — Carrier: _____
☐ Long-Term Care Insurance — Carrier/Daily Benefit: _____
☐ Short-Term Home Health — Carrier: _____

NEXT STEPS: *"Based on what you've shared, there are a couple of areas I'd love to revisit with you to ensure you're fully covered. When could we set aside a little time for that?"*

Agent Notes: _____

Follow-up Date: _____ / _____ /_____ Time:_____ Best Way to Reach: _____

I understand the above information will be used to help assess my needs and I confirm this conversation was conducted in good faith.

Client Signature:_____ Date: _____ / _____ /_____