

CLIENT INFORMATION

Primary Client

Partner / Spouse

Email

Phone

Critical illness coverage can provide a tax-free lump-sum benefit after a covered diagnosis and survival period, subject to the terms and conditions of the policy.

EXPENSE NEEDS

Mortgage or rent

Monthly amount

\$

Number of months

Subtotal

Other debt

Monthly amount

\$

Number of months

Subtotal

Other living expenses

Monthly amount

\$

Number of months

Subtotal

Home care

Daily amount

\$

Days/mo.

Number of months

Subtotal

Nursing home

Monthly amount

\$

Number of months

Subtotal

Non-insured treatment

\$

Medical equipment

\$

Home renovations

\$

Vehicle conversion

\$

Other expense

\$

Other expense

\$

TOTAL EXPENSE NEEDS

\$

INCOME NEEDS

Monthly income lost (A)	\$	
Less: monthly income sources (B)	\$	
NET MONTHLY INCOME LOST (A-B)	\$	
Number of months income is needed		
TOTAL INCOME NEED	\$	

AVAILABLE ASSETS

Savings	\$	
Non-registered investments	\$	
Existing critical illness insurance	\$	
Other available asset	\$	
Other available asset	\$	
Other available asset	\$	
TOTAL AVAILABLE ASSETS	\$	

NOTES AND ASSUMPTIONS



NEEDS ANALYSIS SUMMARY

Total expense needs

\$

Total income need

\$

TOTAL CAPITAL REQUIRED

\$

Less: total available assets

\$

ESTIMATED CRITICAL ILLNESS INSURANCE NEED

\$

This estimate is a planning starting point and should be reviewed as circumstances change.

ADVISOR RECOMMENDATION

Recommended total new coverage

\$

Recommendation details, assumptions and follow-up items

IMPORTANT INFORMATION

This calculator is for educational and planning purposes only. Results depend entirely on the information entered and are not a quotation, contract of insurance, guarantee of coverage, or tax, legal, accounting or investment advice. Coverage, definitions, exclusions, limitations, survival periods, eligibility and premiums vary by insurer and policy. A licensed advisor should review your circumstances and the applicable policy contract before you act on this estimate.

ACKNOWLEDGEMENT AND SIGNATURES

We have reviewed the information and assumptions used in this analysis.

Client signature

Date

Advisor signature

Date

EMAIL COMPLETED ANALYSIS

BOOK A REVIEW