



NORTH AMERICAN

INSURANCE SERVICES[®]

Getting to Know You

Appointment Date _____ Time: _____

As I better understand your needs, I want to become a knowledgeable resource for your benefits questions today, and in the future. I have experience with a wide range of solutions that fit your coverage requirements – and I will always be sensitive to your budget.

Is it group or individual? _____

When was the last time you reviewed your coverage? _____

TO DETERMINE HEALTH INSURANCE NEEDS/WANTS

IF CLIENT CURRENTLY HAS COVERAGE

1. What is it that you like most about your plan? _____

2. What is it that you wish you could change about your plan? _____

3. Why are you looking for new coverage at this time? _____

4. If you could design you own health insurance plan, what would be in it? _____

5. Review of current plan
 - a. Company you are currently with? _____
 - b. Plan name/Type of Plan? _____
 - c. Deductibles? _____
 - d. How often have you met your deductible? _____
 - e. Copays? _____
 - f. Rx Plan? _____
 - g. Do all your doctors participate in your current plan? _____
 - h. Have you ever had to go out-of-network to see a specialist? _____
6. What is the #1 reason that you purchased health insurance? _____
7. What are the most important things to consider in a new health plan? _____
8. How have you needed to use your coverage in the past? _____

9. How many times have you or a member of your family been admitted to the hospital or had surgery in the past five years? _____
10. If you needed to be hospitalized for a major illness, what deductible would you be most comfortable with? (Give range of available deductibles) _____

11. Are you planning on having more children? _____
12. Are you currently taking any long-term maintenance medications? _____



NORTH AMERICAN

INSURANCE SERVICES[®]

Getting to Know You

13. What would you estimate your total annual Rx cost to be? _____
14. Have your previous plans require a referral to see a specialist? _____
 - a. How did that work out? _____
15. What is more important to you, lower premiums or network/doctor flexibility? _____
16. Do you travel away from home often? Yes No Is out-of-area coverage for non-emergency care important to you? _____

TO DETERMINE HEALTH INSURANCE NEEDS/WANTS

IF CLIENT CURRENTLY DOES NOT HAVE COVERAGE

1. How long have you been without coverage? _____
2. How did you end up without coverage? _____
3. What did you like about plans you have had in the past? _____
4. Why are you looking for coverage at this time? _____
5. What worries you most about not having health insurance? _____
6. Is finding health coverage something that you would consider a priority at this time? _____
7. What is the #1 reason that you purchase health insurance? _____
8. What benefits do you consider the most important as you look for a new plan? _____
9. How have you needed to use your coverage in the past? _____
10. How many times have you or a member of your family been admitted to the hospital or had surgery in the past five years? _____
11. If you needed to be hospitalized for a major illness, what deductible would you be most comfortable with? (Give range of available deductibles) _____
12. Are you currently taking any long-term maintenance medications? _____
13. What would you estimate your total annual Rx cost to be? _____
14. Have your previous plans required a referral to see a specialist? _____
 - a. How did that work out? _____
15. What is more important to you, lower premiums or network/doctor flexibility? _____
16. Do you travel away from home often? Is out-of-area coverage for non-emergency care important to you? _____



NORTH AMERICAN

INSURANCE SERVICES[®]

Getting to Know You

NOTES: _____

TO DETERMINE SUPPLEMENTAL INSURANCE NEEDS/WANTS

1. Has any member of your extended family had cancer, a heart attack or a stroke? _____
2. How long could you or your family manage financially if you weren't working because of an accident or illness? _____
 - a. What would you do then? _____
 - b. Do you have enough to pay for the mortgage, bills or health insurance (when you need it most)? _____
3. Have you had dental coverage in the past? _____
 - a. Did you use it? _____
 - b. Was it useful? _____
 - c. Would you like to have it again? _____
 - d. Do you have major dental work coming up in the next 6 months? _____
 - e. Do you have a family dentist? Would you consider choosing one from a list of providers? _____
4. Does anyone in your family wear glasses? _____
5. If you passed away tomorrow...
 - a. Would your family be able to maintain their current lifestyle without your income? Y N
 - b. Would they be able to realize your hopes and dreams for them for their future? Y N
 - c. Would you at least be leaving them the funds to handle your final expenses? Y N

TO DETERMINE YOUR BUDGET

How much per month do you currently spend on health insurance? _____

If you want to improve your health benefits, how much more a month are you willing to spend? _____



NORTH AMERICAN

INSURANCE SERVICES

Getting to Know You

If we are able to create a package that includes health insurance; cash you need to fill gaps and cover out-of-pocket expenses; plus life insurance-how much would you be willing to spend? _____

Do you currently have life insurance? _____

Is this temporary or permanent? _____

Have there been any life-changing events since you purchased it? _____

When was the last time you reviewed your coverage _____

MULTIPLE OF INCOMES

Current Age	Current Income
Client 35 & under	15 times annual income
Client 36 – 55	10 times annual income
Client 55 & up	At least 5 times annual income

Your current annual income \$_____ X ____ (Factor from table) = \$_____ (Needs)

Spouse's current annual income \$_____ X ____ (Factor from table) = \$_____ (Needs)

Life Needs Analysis (Dime)

	Amount for Client	Amount for Spouse
DEBT	\$	\$
INCOME	\$	\$
MORTGAGE	\$	\$
EDUCATION	\$	\$
TOTAL D.I.M.E (DEBT + INCOME + MORTGAGE + EDUCATION)	\$	\$



NORTH AMERICAN

INSURANCE SERVICES

Getting to Know You

DO YOU CURRENTLY HAVE DISABILITY INSURANCE YES NO

What sources of income would be available to meet your living expenses if you became sick or injured? _____

How much do you need monthly? _____

How long do you need it to last? _____

DO YOU CURRENTLY HAVE LONG-TERM CARE INSURANCE: YES NO

Is this a concern? _____

Who would care for you if you needed long-term-care? _____

Notes: _____

Follow up appointment? _____