

## PERSONAL INSURANCE COVERAGE CHECKLIST

Insured: \_\_\_\_\_

Return to: \_\_\_\_\_

Date: \_\_\_\_\_

YES	NO	N/A	LIFE, HEALTH, DISABILITY INSURANCE & FINANCIAL SERVICES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dental
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Group Life
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual Life
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	401(k) / Pension Plans / 403 (b) Non-Profit Pension Plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexible Benefits / Cafeteria Plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Executive Benefits - Deferred Compensation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buy / Sell Agreement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business Owner Estate Tax Buy-Down
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short/Long Term Disability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual Retirement Account (IRA) / ROTH IRA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Simplified Employee Pension (SEP-IRA)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annuities/Variable Annuities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stocks