

PERSONAL INSURANCE COVERAGE CHECKLIST

Insured: _____

Return to: _____

Date: _____

YES	NO	N/A	LIFE, HEALTH, DISABILITY INSURANCE & FINANCIAL SERVICES
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- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <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 |