

Confidential Personal Fact Find - Insurance

What is Important to You?

We all hate to think about things like our own or our partners death or disablement, but sometimes we need to make time to see what plans we have in place should something horrible happen. Then at least we know where we stand, and what we still need to put in place. You wouldn't dream of going out in a boat without a life jacket, or not strapping young children into a car seat before driving off. These are common occurrences to manage risk. So take some time to think about what things you need in place to manage the risk of your dying prematurely or being too disabled to work.



If you need to have hospital treatment

If you or a member of your family required non urgent surgery, and had to go through the public hospital system, how would you feel about this? Would you want to get the treatment you need, at a time and place of your choice?

If you are too sick to work

If a serious illness or accident stopped you from working for the next couple of years or longer, what would the financial consequences be? Who would be affected? What would you want to happen? How long could you survive without an income?

Your Disablement	Your partner's disablement

If you suffer a major health condition

Imagine that yesterday you were told you had invasive cancer or some other critical illness, and that the prognosis was uncertain. What would you be concerned about financially?

You have a critical illness	Your partner has a critical illness

If you are unable to ever work again

What would happen if you were disabled to the extent that you could never go back to work? What would you want to happen?

Your total and permanent disablement	Your partner's total & permanent disablement

If you die or become terminally ill

Imagine if you had suddenly died yesterday, what would you have wanted for your family or business? What would be the financial impact of this? Or if you knew you had less than 12 months to live, what would you want to do?

Your death or terminal illness	Your partner's death or terminal illness

What is the most important thing that you are concerned about after going through these questions?

Now that we know how you feel about things and what is important to you, we need to gather some factual information so that we can put some recommendations together.

InsuranceProfiler™ - Client Details

Personal Details

Person 1

First Name

Last Name

Date of Birth

/

/

Smoker

☐ No ☐ Yes

Gender

☐ Male ☐ Female

Occupation

☐ Employed ☐ Self Employed

☐ Full-time ☐ Part-time ☐ Non-earner

Gross Income

\$

☐ P/y ☐ P/m ☐ P/w

Mortgage Repayments

\$

☐ P/y ☐ P/m ☐ P/f

Mortgage Debt

\$

Total Other Debts

\$

Person 2

First Name

Last Name

Date of Birth

/

/

Smoker

☐ No ☐ Yes

Gender

☐ Male ☐ Female

Occupation

☐ Employed ☐ Self Employed

☐ Full-time ☐ Part-time ☐ Non-earner

Gross Income

\$

☐ P/y ☐ P/m ☐ P/w

Mortgage Repayments

\$

☐ P/y ☐ P/m ☐ P/f

Mortgage Debt

\$

Total Other Debts

\$

Child 1

First Name

Last Name

Gender

☐ Male ☐ Female

Age

Child 2

First Name

Last Name

Gender

☐ Male ☐ Female

Age

Child 1

First Name

Last Name

Gender

☐ Male ☐ Female

Age

Child 2

First Name

Last Name

Gender

☐ Male ☐ Female

Age

Existing Insurance

Do you have any current health, income protection, trauma, disability, or life insurance in place? If so, please outline below

Person 1

Type of Cover	Details

Person 2

Type of Cover	Details

Health Details

Are there any ongoing or past health issues which might affect your insurance?

Person 1

Approx Height

Approx Weight

Notes

Person 2

Approx Height

Approx Weight

Notes