



Taking Another Look

Policy Review Analysis Worksheet

Use this worksheet to capture key information about your clients' life insurance policies and financial goals as you conduct periodic policy reviews and explore potential enhancements in coverage.

CLIENT INFORMATION

Name _____

Date of Birth _____ Male Female

Tobacco use: Yes No

Type _____ Frequency _____

Risk Class (select one):

Super Preferred Preferred Standard Plus Standard

Health Concerns:

SPOUSE INFORMATION *if applicable*

Name _____

Date of Birth _____ Male Female

Tobacco use: Yes No

Type _____ Frequency _____

Risk Class (select one):

Super Preferred Preferred Standard Plus Standard

Health Concerns:

POLICY REVIEW OBJECTIVES *(please attach a copy of a current inforce illustration or statement)*

Desired outcome: More death benefit Lower premium Extended coverage period

Other (please specify) _____

Approximate household income \$ _____ Approximate net worth \$ _____

OTHER INFORMATION

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