

# *Confidential Facts – Seniors*



Mutual of Omaha

# CONFIDENTIAL

## Personal Data

1

Client Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ State of Birth \_\_\_\_\_

Spouse Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ State of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Client's E-mail \_\_\_\_\_ Spouse's E-mail \_\_\_\_\_

Client's SS# \_\_\_\_\_ Spouse's SS# \_\_\_\_\_

Client's Drivers Lic. # \_\_\_\_\_ Spouse's Drivers Lic. # \_\_\_\_\_

## Children

2

Full Name

D.O.B.

State of Residence

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Consideration or needs \_\_\_\_\_

## Wills

3

Current Plan for Estate Distribution (Have you made it equal for your family)? \_\_\_\_\_

\_\_\_\_\_

Wills/Trust/Medical Power of Attorney \_\_\_\_\_

\_\_\_\_\_

Executor \_\_\_\_\_

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## Occupations Past/Current

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Client Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Spouse Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Retirement Date \_\_\_\_\_ Spouse Retirement Date \_\_\_\_\_

Client Academic Background \_\_\_\_\_ Spouse Academic Background \_\_\_\_\_

Charitable Interest/Activities \_\_\_\_\_

## Advisors

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Accountant \_\_\_\_\_

Lawyer \_\_\_\_\_

Insurance Agent(s) \_\_\_\_\_

Investment Advisor \_\_\_\_\_

Others \_\_\_\_\_

## Income

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	Monthly Income	Employment Income	Social Security	Pensions	IRAs/401(k)s	Other
Client						
Spouse						

## Current Health

Taking Medications \_\_\_\_\_

7

Client	Spouse		Notes	Client	Spouse	
<input type="checkbox"/>	<input type="checkbox"/>	Tobacco User		<input type="checkbox"/>	<input type="checkbox"/>	Stomach/Intestinal Problems
<input type="checkbox"/>	<input type="checkbox"/>	Hospitalized past 10 years		<input type="checkbox"/>	<input type="checkbox"/>	Kidney/Bladder Problems
<input type="checkbox"/>	<input type="checkbox"/>	Surgery past 5 years		<input type="checkbox"/>	<input type="checkbox"/>	Arthritis/Gout/Lupus/Scleroderma
<input type="checkbox"/>	<input type="checkbox"/>	Upcoming Surgery		<input type="checkbox"/>	<input type="checkbox"/>	Use cane/walker/wheelchair
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure		<input type="checkbox"/>	<input type="checkbox"/>	Broken Bones/Injuries/Osteoporosis
<input type="checkbox"/>	<input type="checkbox"/>	Heart/Stroke		<input type="checkbox"/>	<input type="checkbox"/>	MS/Parkinson's/ALS
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes		<input type="checkbox"/>	<input type="checkbox"/>	Mental Disorders/Depression
<input type="checkbox"/>	<input type="checkbox"/>	Liver/Blood Problems		<input type="checkbox"/>	<input type="checkbox"/>	Alzheimer's/Dementia
<input type="checkbox"/>	<input type="checkbox"/>	Cancer/Tumors		<input type="checkbox"/>	<input type="checkbox"/>	Eyes/Hearing Problems
<input type="checkbox"/>	<input type="checkbox"/>	Lung/Asthma/COPD/Emphysema		<input type="checkbox"/>	<input type="checkbox"/>	Eligible for Medicaid/Or Medicare prior to age 65

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## Medical/Medicare

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	Insurance Company	Deductible/ Medicare Plan	Effective Date	Premium	Mode
Client					
Spouse					

## Long-Term Care

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	Insurance Company	Daily Benefit	Benefit Period	Elimination Period	Inflation %	Home Health	Survivor Benefit	Effective Date	Premium	Mode
Client										
Spouse										

What do you want your Long-Term Care coverage to do for you? \_\_\_\_\_

How did you arrive at the amount of coverage you have? \_\_\_\_\_

What would happen to your retirement income if you had to write a check for \$5,000 or more every month to a care facility? \_\_\_\_\_

Do you have a concern for the quality of your care? \_\_\_\_\_

Is it important to leave your assets to your heirs? \_\_\_\_\_

Which family member will coordinate your care? \_\_\_\_\_

## Life Insurance

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	Insurance Companies	Face Amount	Owner	Beneficiary	Type T, UL, WL, VL	Effective Date	Premium	Mode
Client								
Spouse								

What do you want your life insurance to do for you? \_\_\_\_\_

How did you arrive at the amount of life insurance you have? \_\_\_\_\_

If you were to make a gift to a charity(s), which charity(s) would be on your list? \_\_\_\_\_

\_\_\_\_\_

Have you purchased life insurance for your children or grandchildren? \_\_\_\_\_

\_\_\_\_\_









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