



# FINAL EXPENSE WORKSHEET

- 1) No Burial Life Insurance
- 2) Need More Life Insurance
- 3) Leave behind money for legacy

Name and Age:

Retired / Employed:  
 Social Security / Pension / Both:  
 Medicare / Med Sup:  
 Life Ins / Annuity:  
 401K/IRA/Stock/SEP/TSP/MF/CD:  
 Burial / Cremation

**QUALIFIED DISCOUNTS -**  
 Tobacco: Yes / No  
 Credit Union / Financial Institution / Dex

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Heart Attack / Stroke / TIA / Stents / Cancer / Diabetes (Pills vs Insulin) / Pain Meds / HBP / Cholesterol  
 Asthma & COPD (Albuterol vs Corticosteroid) / Thyroid / Anxiety & Depression / Alzheimers / Dementia

Medical Conditions/Hospitalizations/Surgeries:

Prescription List (Name, Dosage, Frequency):

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OPTION #1

OPTION #2

OPTION #3

Name of Beneficiary:  
 DOB:  
 Relationship to Insured:

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