



**Protecting Your Family. For Life.**

*Call or Text: (800) 645-9841*

**Instructions**

This should be a straightforward process. Simply input your monthly expenses in rows 1 - 12. Then, put in other monthly income you receive, other than your employment or employed sources. Include your spouse's monthly work income, if any. Make sure the sources are after-tax. For instance, any group disability insurance benefits (if they are paid with pre-tax money) will have to be reduced by your tax rate. If you don't know your tax rate, reduce the group disability benefit by 30%, which should give an estimated after-tax monthly amount. Then, find out your tax rate and adjust the group disability benefit as needed.

Your final disability need will automatically calculate. A positive number represents the income gap that should be filled by disability insurance. A negative number indicates that you have more income than expenses, and you may not need disability insurance. Review negative numbers carefully. Are you forgetting an expense? Are you overstating another income source. Your and your family's future is at stake, so don't guess.

This number is the estimated amount your family would need to continue its standard of living, and covered by disability insurance.

# Easy Disability Insurance Needs Analysis

## Determine Total Disability Insurance Needs

Enter Numbers Below

### Monthly Expenses

Monthly Amounts

- (1) Rent or Mortgage
- (2) Children's Daycare
- (3) Food
- (4) Debt Repayment/Student Loans
- (5) Utilities
- (6) Medical / Dental Insurance
- (7) Homeowners/Auto Insurance
- (8) Other Insurance Premiums (Life, etc)
- (9) Gas for Vehilces
- (10) Auto Loans
- (11) Cable & Cell Phone Bills
- (12) Other? Anything Else?

### Total Monthly Expenses

### Current After-Tax Income From Other Sources

*(list source below and coverage)*

Monthly Amounts


### Total After-Tax Income

## Total Add'l Monthly Income Needs

Applicant print name:

Sign name:

Date:

As Spouse or Beneficiary, I understand that any changes to my estimated disability insurance needs could either positively or negatively affect me. For instance, applying for less than what the needs worksheet illustrates, might mean I will receive less than what I require to continue my standard of living. I also understand this is a snapshot now, and needs can change.

Spouse/Beneficiary print name:

Sign name:

Date: