

# DIME WORKSHEET

**D (Death & Debt)**

The amount needed to create an immediate expense fund and pay off any outstanding debt (auto loan, credit card, student loan, final expense costs, etc.)

\$ \_\_\_\_\_

**I (Income)**

The amount needed to replace your income

\$ \_\_\_\_\_  
for \_\_\_\_\_ years

**M (Mortgage)**

The amount needed to pay off any outstanding balance on your mortgage or replace your rent for several years

\$ \_\_\_\_\_

**E (Education)**

The amount needed for you children's college education

\$ \_\_\_\_\_

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**Lump Sum Needed**

\$ \_\_\_\_\_

**Less Current Assets**

\$ - \_\_\_\_\_

$$\begin{array}{r}
 \$ \text{ _____} \\
 \text{Total Lump Sum Needed}
 \end{array}
 +
 \begin{array}{r}
 \$ \text{ _____} \\
 \text{Total Income Needed}
 \end{array}
 =
 \$ \text{ _____} \\
 \text{Total Need}$$

This worksheet is a tool to assist you in estimating your basic life insurance needs. It is not intended to provide a thorough and comprehensive analysis of your life insurance needs or to recommend a specific amount of type of coverage. The actual amount of life insurance you need will depend on several factors that you need to consider carefully. Your insurance professional can assist you with analysis of your personal circumstances.

**Personal Data**

Client Name \_\_\_\_\_ Spouse \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Email \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Date of birth: Client \_\_\_\_\_ Spouse \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Spouse \_\_\_\_\_  
 Client Employer \_\_\_\_\_ Phone \_\_\_\_\_ Annual Income \_\_\_\_\_  
 Spouse Employer \_\_\_\_\_ Phone \_\_\_\_\_ Annual Income \_\_\_\_\_  
 Children(s) Names \_\_\_\_\_ Date(s) of Birth \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**What programs do you currently have in place?**

	<u>Client</u>	<u>Spouse</u>		<u>Client</u>	<u>Spouse</u>
Savings Account	\$ _____	\$ _____	Mutual Funds	\$ _____	\$ _____
Money Market	\$ _____	\$ _____	Stocks/Bonds	\$ _____	\$ _____
Certificate of Deposit	\$ _____	\$ _____	IRA/401(K)/Roth/ Pensions/Old 401(k)s	\$ _____	\$ _____
Tax-Deferred Annuity	\$ _____	\$ _____	Other (inheritance)	\$ _____	\$ _____

**Life Insurance**

<u>Client</u>		<u>Spouse</u>	
Individual	Employer	Individual	Employer
<b>Type</b> <input type="checkbox"/> Term <input type="checkbox"/> UL <input type="checkbox"/> VUL <input type="checkbox"/> WL	<b>Type</b> <input type="checkbox"/> Term <input type="checkbox"/> UL <input type="checkbox"/> VUL <input type="checkbox"/> WL	<b>Type</b> <input type="checkbox"/> Term <input type="checkbox"/> UL <input type="checkbox"/> VUL <input type="checkbox"/> WL	<b>Type</b> <input type="checkbox"/> Term <input type="checkbox"/> UL <input type="checkbox"/> VUL <input type="checkbox"/> WL
DB: _____	DB: _____	DB: _____	DB: _____
PX: _____		PX: _____	
Co. _____		Co. _____	
<b>Type</b> <input type="checkbox"/> Term <input type="checkbox"/> UL <input type="checkbox"/> VUL <input type="checkbox"/> WL		<b>Type</b> <input type="checkbox"/> Term <input type="checkbox"/> UL <input type="checkbox"/> VUL <input type="checkbox"/> WL	
DB: _____		DB: _____	
PX: _____		PX: _____	
Co. _____		Co. _____	

**Health Insurance**  Yes  No Prem \$ \_\_\_\_\_ **Disability Income**  Yes  No Prem \$ \_\_\_\_\_

**Long Term Care**  Yes  No Prem \$ \_\_\_\_\_ **Medicare Supp.**  Yes  No Prem \$ \_\_\_\_\_

**Notes** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_