

Last Name: _____ Date: _____

Create a report for: Client Only Client & Spouse

CASH NEEDS

	CLIENT	SPOUSE
Pay down mortgage	\$ _____	\$ _____
Pay down other debts	\$ _____	\$ _____
Home care _____ months x _____ days/month x \$_____ per day	\$ _____	\$ _____
Nursing home care _____ months x \$_____ per month	\$ _____	\$ _____
Non-insured or out of country treatment	\$ _____	\$ _____
Medical equipment (wheelchair; hospital bed, walker; lift)	\$ _____	\$ _____
Home modification/renovation	\$ _____	\$ _____
Vehicle modification	\$ _____	\$ _____

INCOME NEEDS

	CLIENT	SPOUSE
Annual income need (after tax)	\$ _____	\$ _____
Less: Long term disability insurance benefits	\$ _____	\$ _____
Less: Personal disability insurance benefits	\$ _____	\$ _____
Above income to be provided for	_____yrs	_____yrs
Rate of return (after-tax)	_____%	_____%
Index income to inflation of	_____%	_____%

