



BENEFITS ANALYSIS FORM

(Confidential)

**FAX TO: (919)324-6987 OR EMAIL TO info@carolinafep.com
OR MAIL TO 51 Kilmayne Dr., Suite 203, Cary, NC 27511**

Client Name: _____ DOB: _____ Spouse (if applicable): _____ DOB: _____

Address: _____ Phone: _____

Care of: _____ Phone: _____ Email: _____

Existing Estate Planning:	You	Your Spouse	<input type="checkbox"/> NA	Other Info:
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____ State: _____
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Date: _____
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____ State: _____
Health Care Power	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____ State: _____
Long Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Daily benefit: \$ _____ Term _____(yrs)
In a Facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, type: <input type="checkbox"/> Assisted Living <input type="checkbox"/> Skilled Nursing

Your health plays an important role in designing an estate plan best suited for you and your loved ones.

You - current health: Good Concern Problem (Details) _____

Spouse - current health: Good Concern Problem (Details) _____

Have you given away any assets or added any children to your bank accounts or deeds in the past 5 years? No Yes

Total Value of Gifts or Transfers \$ _____ Details: _____

How many children do you have? _____ Are any of them disabled? Yes No Do you live with your children? Yes No

MONTHLY INCOME		CLIENT	SPOUSE	TOTAL
Social Security		\$	\$	\$
Pension		\$	\$	\$
Other: _____		\$	\$	\$
Total Monthly Income:		\$	\$	\$
ASSETS (Current Value)		CLIENT/JOINT	SPOUSE	TOTAL
Cash, Checking, Savings, CDs, Money Market, etc.		\$	\$	\$
Brokerage Accounts		\$	\$	\$
Retirement Accounts (IRAs, 401k, 403b, SEP, etc.)		\$	\$	\$
Life Insurance	Cash Surrender Value	\$	\$	\$
	Death Benefit	\$	\$	\$
Annuities: (Current Value)		\$	\$	\$
Home	Tax Assessed Value:	\$	\$	\$
	Fair Market Value:	\$	\$	\$
Other Assets: _____				
Total Assets:		\$	\$	\$
LIABILITIES/DEBTS		CLIENT/JOINT	SPOUSE	TOTAL
Mortgage(s)		\$	\$	\$
Other Debt(s): _____		\$	\$	\$

MONTHLY LIVING EXPENSES	CLIENT/JOINT	SPOUSE	TOTAL
Medical (Complete detail on back of form)	\$	\$	\$
Non-Medical (How much you spend on other expenses monthly)	\$	\$	\$

MONTHLY MEDICAL EXPENSES
(Complete all that apply)

MONTHLY EXPENSES:	Client's Expenses	Spouse's Expenses	TOTAL
Assisted Living Costs			
Nursing Home Costs			
In Home Care			
Day Program			
Medications			
Co-Pays for Doctor			
Medicare A			
Medicare Supplement			
Medicare B			
Medicare D			
Hygienic Supplies			
Other			
TOTAL			\$ _____

VA AID & ATTENDANCE ELIGIBILITY INFORMATION:

- Are either you or your spouse a veteran?
 Yes, I (or my spouse) am/is a veteran Yes, both of us are veterans No
- Are you the surviving spouse of a veteran? Yes No
Have you remarried since your prior spouse's death? Yes No
- Did the veteran serve for at least 90 days active duty and one day during war time?
(World War II: 12/7/1941 to 12/31/1946; Korean Conflict: 6/27/1950 to 1/31/1955; Vietnam Era: 8/5/1964 to 5/7/1975 (2/28/1961 if they physically served in Vietnam); or Gulf Wars: 8/2/1990- TBD)
 Yes No Dates of service: _____
- Did the veteran receive discharge under honorable, general, or medical discharge? Yes No
- Is the Veteran/Spouse under 65 and unable to work due to disability? Yes No
- Is the Veteran/Spouse over the age of 65? Yes No

NOTES/INSTRUCTIONS:

Please simply fill out the form to the best of your ability. If you have any difficulties or questions while completing the above form, please simply leave that section or line blank. Once you return the form to our office, we will review the form and if needed, call you for clarification regarding any of the information provided or missing information.

To return the form to us, simply use whichever of the following methods that is most convenient for you:

FAX TO: (919)324-6987
EMAIL TO: info@carolinafep.com
MAIL TO: Carolina Family Estate Planning, 51 Kilmayne Dr., Suite 203, Cary, NC 27511