



**RESURGE**  
INSURANCE MARKETING

**Client Worksheet**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**DESIRED BENEFITS & DISCOUNTS**

IDEAL COVERAGE AMOUNT: \$ \_\_\_\_\_ IDEAL MONTHLY PREMIUM: \$ \_\_\_\_\_

- CHECKING/SAVINGS AT A LOCAL BANK OR CREDIT UNION? Y/N • TOBACCO USE? Y / N •

**BENEFICIARY NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

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**CURRENT COVERAGE (if applicable)**

Face Amount: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_ Carrier / Plan: \_\_\_\_\_

**FINANCIAL**

Current Source of Income: \_\_\_\_\_ Enrolled in Medicare/Medicare Advantage or Medicaid?

Retirement Account or Annuity Value: \_\_\_\_\_ Taxable Account Value: \_\_\_\_\_

**GENERAL HEALTH QUESTIONS**

In the past two years have you been diagnosed with or received treatment for any of the following:

*CANCER / HEART ATTACK / STROKE / DIABETES / COPD / OTHER CONDITIONS UNDER TREATMENT*

Details for any YES answers:

Current Rx list:

**GOOD**

\_\_\_\_\_  
COVERAGE AMOUNT

\_\_\_\_\_  
MONTHLY PREMIUM

**BETTER**

\_\_\_\_\_  
COVERAGE AMOUNT

\_\_\_\_\_  
MONTHLY PREMIUM

**BEST**

\_\_\_\_\_  
COVERAGE AMOUNT

\_\_\_\_\_  
MONTHLY PREMIUM