

Insurance Checklist

Name _____
Phone Number _____ DOB _____
Medicare or Social Security Number _____
Part A _____ Part B _____

Health Insurance

Company _____
Effective date _____

Medicare

Company _____
Effective date _____

Company _____
Effective date _____

Life Insurance/Death Benefit

Company _____
Effective date _____
Face Amount _____

Dental Vision and Hearing

Company _____
Effective date _____

Hospital Indemnity

Company _____
Effective date _____

Annuities'

Company _____
Effective date _____
Face Amount _____