

Client Data Form – Financial Planning | Part B | Personal Insurances

12.0 General Health Details

	Client 1	Client 2
What is your current health?	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent
What is your height?		
What is your weight?		
Have you smoked cigarettes in the last twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently or do you intend to receive medical treatment for any medical issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details		
Have you been diagnosed with any significant illness/illnesses in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details		
Has any member of your immediate family been diagnosed with any significant illness/illnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details		
Do you play any sports or pursue outdoor activities e.g. scuba diving, motor racing, football etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional details:		

13.0 Personal Insurance Needs Analysis

13.1 Income Protection Needs

	Client 1	Client 2
In the event of temporary or permanent loss of income, would you like to replace your income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you were unable to work due to accident or illness, how long could you reasonably last without your income e.g. 14, 30, 60, 90, 180, 360, 720 days?		
In the event you are unable to work for a long period of time due to illness or accident, how long would you like your income protection payments to continue e.g. 2, 5 years, up to age 60, up to age 70?		
What minimum percentage or dollar amount of your gross income would you need to maintain your lifestyle (NB maximum 75%)?		
Replace superannuation contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional details:		