

Confidential, Benefits Evaluation Intake Form

(888) 976-0111

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Attention: Evaluation Department

37 Walnut Drive

Conway, AR 72032

Inquirer Information: How did you hear about us? _____

Name: _____ Phone: _____ Alternative Phone: _____

Email: _____

Address _____

City _____ State _____ Zip Code _____

For whom are you requesting this evaluation? _____

Tell us about The Potential Benefit Recipient (Client)

Full Name: _____ Age: _____ Marital Status: _____

Social Security Number _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

How many children do you have? _____ What are their names, ages and place of residence?

*Spouse's full name: _____ Date of marriage: _____

City/State of marriage: _____ Spouse's date of birth: _____

Spouse's social security number: _____

Spouse's Address (if different from client) _____

City _____ State _____ Zip Code _____

* Even if the client is a widow or widower, please fill out this section if the deceased is a Veteran.

Health Information

In your opinion, would a doctor certify that you need assistance with daily living? _____

What do you need assistance with?

Are you now in: Assisted Living _____ Nursing Home _____ Independent Living _____

What is the Date that you moved into your first facility? _____

Are you receiving at Home Care? _____ If so, what date did you begin receiving service? _____

Is your at home care being provided without cost by an family member or friend? _____

If you are not currently receiving any care, will you soon be receiving care from any of the previous sources? _____ If so, which one? _____

Facility/Provider Information

If you are currently in a facility or receiving care, please state the name of the care provider:

Name of administrator: _____ Phone number: _____

Monthly cost of care: \$ _____ Do you have Long Term Care Insurance? _____

If you do will it help pay for your current care? _____ Do you have Health Insurance? _____

What is the monthly cost of that insurance? \$ _____

What is the name of the Health Insurance Provider? _____

Does your spouse have Long Term Care Insurance? _____ Will it help pay for the cost of care? _____

Does your spouse have Health Insurance? _____ What is the monthly cost of the Insurance? \$ _____

What is the name of the Health Insurance Provider? _____

Please provide an estimate on how much you jointly spend on medications monthly. \$ _____

Military Service Information

Is the Client a Veteran? _____

If the Client is a widow of a Veteran, what is her maiden name? _____

Place of birth (city and state) _____

If the client is a veteran or a widow of one, which branch of service was the veteran in? _____

Did the veteran serve in active duty during a state of war? _____

Which war and what dates if known? _____

Did the veteran receive an honorable discharge? _____

Have you ever filed a claim with the V.A.? _____ If so, for what? _____

What benefits or income are you currently receiving though the V.A.? _____

Did the veteran receive the purple heart? ____ Was the veteran a POW? ____

What is the highest level of education that the Veteran completed? _____

Financial Information

Your Monthly Income:

Spouse's Monthly Income:

Social Security (net): \$ _____

Social Security (net)\$ _____

Other Income (source):\$ _____

Other Income (source) \$ _____

Other Income (source):\$ _____

Other Income (source)\$ _____

Is spouse's income based on his/her employment? _____

Assets:

Please provide information as accurately as possible.

Do you have a Trust? _____ Is it Revocable, Irrevocable or unknown? _____

Do you currently have a Power of Attorney? _____ If so, who? _____

Do you currently have a Will? _____

Total Liquid assets: Cash, Checking and other noninterest bearing accounts \$ _____

CD's\$ _____ IRA's \$ _____

Stocks, Bonds, Mutual Funds:

\$ _____

Face value of Life Insurance\$ _____ Cash Value of Life Insurance\$ _____

Do you accrue monthly interest? _____ If so, how much? \$ _____

Property and approximate value: (list any property that is currently in your or your spouse's name)

Do you plan on selling any of the property in the near future? _____

Do you owe any money on the home you plan to sell? (if so, how much) \$ _____

Previous Marital Information

How many times have you been previously married? _____

How many times was your spouse previously married? _____

Do you have any dependants or disabled children living with you? _____

If yes, how many? _____ How are they dependent on you? _____

Please provide all marital history below, along with the city and state of all marriages, the date married, how and why the marriage or marriages ended (divorce or death) and the location of the location of death or divorce.

I certify that the information provided is true and correct to the best of my knowledge.

Your Signature: (or POA) _____ Date Signed _____

Spouse's Signature :(or POA _____ Date Signed _____

Once this is completed to the best of your ability, please mail this completed form along with Agreement of Services and your check to the contact information on the first page.