

DISABILITY RISK ANALYSIS



Prepared For: _____

Date: _____

MONTHLY HOUSEHOLD CASH FLOW

Household Monthly Need \$

EMPLOYER PROVIDED LONG-SHORT DISABILITY BENEFIT (TAXABLE)

Monthly Benefit \$	Number of Months	Exclusion Period
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EMPLOYER PROVIDED LONG-TERM DISABILITY BENEFIT (TAXABLE)

Monthly Benefit \$	Number of Months	Exclusion Period
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SELF-PAID SHORT-TERM DISABILITY BENEFIT (TAX-FREE)

Monthly Benefit \$	Number of Months	Exclusion Period
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SELF-PAID LONG-TERM DISABILITY BENEFIT (TAX-FREE)

Monthly Benefit \$	Number of Months	Exclusion Period
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EMERGENCY RESERVE

Cash Savings \$

DISABILITY INSURANCE

Is Short-Term Disability self-insured by Emergency Reserve?	Yes	No
Is Long-Term Disability self-insured by Emergency Reserve?	Yes	No
How long is household funded with current Disability Insurance Strategy?		

RECOMMENDED NEXT STEPS