Financial Planning Process **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
EMPLOYER PROVIDED LONG-TERM DISABILITY BENEFIT (TAXABLE)			
Monthly Benefit \$	Number of Months		Exclusion Period
SELF-PAID SHORT-TERM DISABILITY BENEFIT (TAX-FREE)			
Monthly Benefit \$	Number of Months		Exclusion Period
SELF-PAID LONG-TERM DISABILITY BENEFIT (TAX-FREE)			
Monthly Benefit \$	Number of Months		Exclusion Period
EMERGENCY RESERVE			
Cash Savings \$			
DISABILITY INSURANCE			
Is Short-Term Disability self-insured by Emergency Reserve?		Yes	Νο
Is Long-Term Disability self-insured by Emergency Reserve?		Yes	No
How long is household funded with current Disability Insurance Strategy?			

RECOMMENDED NEXT STEPS

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