

## Financial Planning Process

# DISABILITY INSURANCE REVIEW

Date

<b>CURRENT DISABILITY INSURANCE VALUES</b>		
Household Monthly Need	\$	
<b>EMPLOYER PROVIDED SHORT-TERM DISABILITY BENEFIT (TAXABLE)</b>		
Monthly Benefit	\$	
Number of Months		
Exclusion Period		
<b>EMPLOYER PROVIDED LONG-TERM DISABILITY BENEFIT (TAXABLE)</b>		
Monthly Benefit	\$	
Number of Months		
Exclusion Period		
<b>SELF-PAID SHORT-TERM DISABILITY BENEFIT (TAX-FREE)</b>		
Monthly Benefit	\$	
Number of Months		
Exclusion Period		
<b>SELF-PAID LONG-TERM DISABILITY BENEFIT (TAX-FREE)</b>		
Monthly Benefit	\$	
Number of Months		
Exclusion Period		
<b>EMERGENCY RESERVE</b>		
Cash Savings	\$	
<b>DISABILITY INSURANCE</b>		
Is Short-Term Disability self-insured by Emergency Reserve?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Long-Term Disability self-insured by Emergency Reserve?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How long is household funded with current Disability Insurance?		
<b>RECOMMENDED NEXT STEPS</b>		