

## MEDICAL INSURANCE POLICY ANALYSIS

Insurance Company	Policy Number	Insured
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The following analysis is based on the information and documents provided. Items checked "Yes" indicate need for a clarification or corrective action. Changes should be made only by a qualified advisor, taking all facts into consideration.

	Yes	No	Note
1. Insured's date of birth listed incorrectly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Insurance age calculated incorrectly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Insured's name incorrect or outdated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Coverage may not include all household members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Check for coverage of enrolled students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Consider extending days of hospital coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Consider increasing daily hospital room limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Consider increasing surgical schedule limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Residual (recuperative) benefits to be added	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Benefits to be coordinated with Group coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Benefits coordinated with spouse's coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Total amount of benefit no longer adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Total benefit now unneeded, should be reduced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Nursing home benefit should be added	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Accident benefit should be added or removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Change of premium mode will increase benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Deductible amount \$_____ should be altered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Out of pocket maximum \$_____ should be altered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Premiums - savings available through mode change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Premiums - should be increased or reduced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Policy definitions indicate need to replace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Co-insurance provisions are no longer adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Total policy limits need to be increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Co-ordinate coverage with Medicare provisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Policy riders or provisions should be removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanatory Footnotes: \_\_\_\_\_  
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