



FROM ME TO WE

TAKE ACTION: PROTECTION ASSESSMENT

Check **Yes**, **No** or **Not sure** based on your own situation. Any items checked “No” or “Not sure” are those that may need your follow-up. You may need to get more information about potential risk to help you make an informed decision based on your needs, goals and financial situation. Talk with a financial professional to determine what is appropriate.

Property/casualty	Yes	No	Not sure
I have insurance on my vehicle(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have renters/homeowners insurance on my residence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have additional liability insurance on my residence (umbrella).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand what my deductibles and policy limits mean to me if I should have a claim.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical	Yes	No	Not sure
I have medical insurance for myself or myself and my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my deductibles, copays and policy limits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I assess which medical plan is best for my situation when the open enrollment period comes around.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the opportunity to enroll in a health savings account (HSA) and understand my HSA limits and deductibles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have and use a flexible spending account (FSA).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have dental insurance coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life	Yes	No	Not sure
I have group life insurance through my employer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have life insurance in addition to coverage provided by my employer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I have adequate insurance coverage to provide for my family if I should become unable to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My beneficiary designations are up-to-date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability income	Yes	No	Not sure
I have disability income insurance through my employer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fully understand what my employer-offered disability income insurance covers if I should need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have personal disability income insurance in addition to coverage provided by my employer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have done some research to find out more about disability income insurance options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a business owner. My business and income are protected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>