Ion Financial & Insurance Services
RETIREMENT SOLUTIONS FOR LIFE™

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CA INSURANCE LICENSE #0E26264

CLIENT INFORMATION

INDIVIDUAL

Full Name

Date of Birth

Gender M ☐ F ☐

Occupation

Phone

Email

SPOUSE

Full Name

Date of Birth

Gender M ☐ F ☐

Occupation

Phone

Email

MAILING ADDRESS

Street Address

City

State

ZIP

NOTES

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Your retirement checklist

New to Medicare

A simpler way to plan your future

Working Years Benefits	Transitions With You?	Important to Have?	Retirement Years Benefits
HEALTH INSURANCE: Premium: Deductible: Co-insurance/Co-pay: Max out-of-pocket: HSA: Preventive Benefits:	☐	☐	**MEDICARE SUPPLEMENT:** Deductible: Co-insurance/Co-pay: Max out-of-pocket:
DENTAL INSURANCE: Premium: Deductible: Max benefit:	☐	☐	**DENTAL INSURANCE:** Premium: Deductible: Max benefit:
EXTENDED CANCER PROTECTION: Benefit amount: Purpose:	☐	☐	**EXTENDED CANCER PROTECTION:** Benefit amount: Purpose:
LIFE INSURANCE: Term face amount: Whole face amount: Purpose:	☐	☐	**LIFE INSURANCE:** Term face amount: Whole face amount: Purpose:
OTHER BENEFITS: Vision: Hearing: Prescription:	☐	☐	**OTHER BENEFITS:** Vision: Hearing: Prescription:
INCOME: Working: Other: Other:	☐	☐	**INCOME:** Social Security: Pension: Other:
RETIREMENT ACCOUNTS:	☐	☐	**RETIREMENT ACCOUNTS:**

Your retirement checklist

Enrolled in Medicare

Which type of plan do you currently have?

Medicare Supplement	MA Plan
Current Company:	Current Company:
Company Rating:	Star Rating:
Premium:	Premium:
Deductible:	Deductible:
Co-insurance/Co-pay:	Co-insurance/Co-pay:
Max out-of-pocket:	Max out-of-pocket:
Enhanced Preventive benefits:	Enhanced Preventive benefits:
Attained Age or Issue Age:	Network:
Other Options:	Pre-Authorizations Needed:
Local Agent:	Local Agent:

	Important to Have?		
DENTAL INSURANCE: Premium: Deductible: Max benefit:	☐	☐	DENTAL INSURANCE: Premium: Deductible: Max benefit:
EXTENDED CANCER PROTECTION: Premium: Benefit amount: Purpose:	☐	☐	EXTENDED CANCER PROTECTION: Premium: Benefit amount: Purpose:
LIFE INSURANCE: Term face amount: Whole face amount: Final Expenses face amount Purpose:	☐	☐	LIFE INSURANCE: Term face amount: Whole face amount: Final Expenses face amount Purpose:
OTHER HEALTH BENEFITS: Vision: Hearing: Prescription: Part D Annual Review:	☐	☐	OTHER HEALTH BENEFITS: Vision: Hearing: Prescription: Part D Annual Review:
INCOME: Social Security: Pension: Other:	☐	☐	INCOME: Social Security: Pension: Other:
RETIREMENT ACCOUNTS:	☐	☐	RETIREMENT ACCOUNTS: