

How much disability income insurance do *you* need?

What are your monthly expenses?

Mortgage/rent	\$ _____
Utilities	\$ _____
Car payments	\$ _____
Home & care insurance	\$ _____
Life & medical insurance	\$ _____
Food	\$ _____
Medical/dental expenses	\$ _____
Credit card payments	\$ _____
Loan payments	\$ _____
Other (taxes, clothing, etc.)	\$ _____
*(A) Total monthly expenses	\$ _____

What is your monthly income?

Total household income	\$ _____
Subtract your income	- \$ _____
*(B) Total available income when disabled	\$ _____

How much disability income protection do you need?

Total Monthly Expenses *(A)	\$ _____
Subtract available income *(B)	- \$ _____
Disability income protection needed:	\$ _____

