Adelohosgi Agatahnai

Financial Protection Strategist & Educator | Estate Integration • Asset Flow • Retirement Positioning

CA License #4494137

PRIVATE FAMILY™
BLUEPRINT

FEDERAL EMPLOYEE PROTECTION REVIEW

A Private Family Blueprint™ Assessment

We teach families how to live covered, not just die insured.

PREPARED FOR:

Client Name: _____

Agency / Department: _____

Position / Title: _____

Date: _____ | Prepared By: _____ | Review Date: _____

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Federal Employee Protection Review

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FEGLI REVIEW WORKSHEET

1. PERSONAL INFORMATION

Full Name: _____

Agency / Department: _____

Position / Title: _____

Email: _____

Phone: _____

Date of Birth: _____

Retirement System:
☐ FERS ☐ CSRS ☐ Other _____

Date of Hire (Federal Service): _____

Total Years of Federal Service: _____

Planned Retirement Age: _____

Are you currently within 5 years of retirement?
☐ Yes ☐ No

2. CURRENT FEGLI COVERAGE

Please list the FEGLI coverage you currently have in place.

Type of Coverage	Election	How Many Multiples?	Monthly Premium (Approx.)
Basic	☐ Yes ☐ No	_____	$_____
Option A	☐ Yes ☐ No	_____	$_____
Option B	☐ Yes ☐ No	_____	$_____
Option C (Family Coverage)	☐ Yes ☐ No	_____	$_____

Have you increased your FEGLI coverage during an open season in the past? ☐ Yes ☐ No

If yes, when was the last time? _____

3. BENEFICIARY REVIEW

The right beneficiary today may not be the right beneficiary tomorrow.

Primary Beneficiary Name(s): _____

Relationship: _____

Contingent Beneficiary Name(s): _____

Relationship: _____

When was the last time you reviewed your beneficiaries? _____

Are they still accurate and up to date? ☐ Yes ☐ No

Do you have minor children or dependents? ☐ Yes ☐ No

If yes, do you have a plan in place for them? ☐ Yes ☐ No

4. HEALTH & LIFE CHANGES

Your health and life circumstances can impact your coverage options.

Since enrolling in FEGLI, have you been diagnosed with or treated for any of the following?

☐ Cancer
☐ Heart Disease / Condition
☐ Stroke
☐ Diabetes
☐ High Blood Pressure
☐ Mental Health Condition
☐ Other _____

Have you had any major surgeries, injuries, or Hospitalizations? ☐ Yes ☐ No

If yes, please describe: _____

5. QUESTIONS I WANT ANSWERED TODAY

What are you most concerned about?

1. What concerns you most about your current life insurance coverage?

2. What would happen financially if something happened to you or your spouse?

3. What are your biggest goals for your family's financial future?

4. What questions do you have about FEGLI or your options?

6. FINANCIAL PROTECTION GOALS

Check all that apply.

☐ Replace income for my family
☐ Pay off mortgage or other debt
☐ Protect my spouse
☐ Provide for my children's education
☐ Leave a legacy / inheritance
☐ Cover final expenses
☐ Build cash value while I'm living
☐ Supplement retirement income
☐ Protect my business
☐ Other _____

TODAY'S BIGGEST CONCERN

Building Stronger Foundations.
Protecting What Matters Most.

EDUCATE. PROTECT. EMPOWER.

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SCAN FOR YOUR NEXT STEP (QR CODE HERE)

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PRIVATE FAMILY BLUEPRINT™ SCORECARD

1. COVERAGE GAPS IDENTIFIED

Based on today's review, check any gaps or concerns that were identified.

- ☐ Insufficient basic coverage
- ☐ No Option C (Family) coverage
- ☐ Coverage amount may not meet current needs
- ☐ FEGLI will terminate at retirement
- ☐ No plan in place to replace FEGLI
- ☐ Beneficiary designations need update
- ☐ No contingent beneficiaries
- ☐ Health conditions may impact future insurability
- ☐ Debt or financial obligations not protected
- ☐ Other _____

2. RISKS IDENTIFIED

Select the risks that may impact your family's financial security.

Premature Death	Critical Illness	Long-Term Disability	Mortgage or Debt Obligations	Children's Education	Retirement Income Shortfall	Estate Considerations	Other (See Notes)

3. BENEFICIARY REVIEW SUMMARY

Primary Beneficiary(ies) (Reviewed)	
Contingent Beneficiary(ies) (Reviewed)	
Appropriate for current situation?	☐ Yes ☐ No ☐ Needs Update
Notes / Recommended Changes	

BENEFICIARY ALIGNMENT CHECK

Do your beneficiaries align with your current wishes and goals?

- ☐ Yes, fully aligned
- ☐ Partially aligned
- ☐ Not aligned – needs update

Notes: _____

4. RETIREMENT CONSIDERATIONS

Review your strategy for when FEGLI ends.

- ☐ I understand FEGLI will terminate at retirement.
- ☐ I have a plan to replace FEGLI coverage.
- ☐ I am considering private life insurance options.
- ☐ I am considering an IUL / Cash Value strategy.
- ☐ I am considering an Annuity / Retirement Income solution.
- ☐ Other _____

RETIREMENT READINESS NOTES

5. FAMILY PROTECTION REVIEW

Overall assessment of your family's protection today.

	STRONG	FAIR	WEAK
Life Insurance Coverage	☐	☐	☐
Beneficiary Designations	☐	☐	☐
Retirement Income Strategy	☐	☐	☐
Debt & Obligation Protection	☐	☐	☐
Emergency / Financial Resilience	☐	☐	☐

OVERALL PROTECTION SCORE

/100

Your score reflects how well your current plan protects your loved ones and your financial future.

Let's build a stronger blueprint together.

6. CONSULTATION NOTES

Key discussion points, observations and next steps from today's review.

Key Takeaways:

Recommendations Discussed:

Questions to Follow Up On:

Next Review Date: _____

> *"A strong plan today creates peace of mind for tomorrow."*

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SCAN FOR YOUR NEXT STEP (QR CODE HERE)

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PERSONALIZED ACTION PLAN

Your plan. Your priorities. Your family's future.

1. MY RECOMMENDATIONS

Based on today's review, here are my recommended strategies to strengthen your financial protection.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

2. PRIORITY CHECKLIST

Focus on what matters most.

- ☐ Review and update beneficiary designations
- ☐ Evaluate FEGLI coverage elections
- ☐ Address coverage gaps
- ☐ Consider long-term care protection
- ☐ Review retirement income strategy
- ☐ Reduce debt / strengthen cash flow
- ☐ Build or increase emergency fund
- ☐ Estate planning review
- ☐ Plan for children's future needs
- ☐ Other: _____

3. NEXT STEPS

Simple steps to move forward with confidence.

1. _____ Due Date: _____
2. _____ Due Date: _____
3. _____ Due Date: _____
4. _____ Due Date: _____
5. _____ Due Date: _____

REMEMBER

Small, consistent actions today create lasting security for tomorrow. I'm here to guide you every step of the way.

YOUR NEXT STEP

Let's continue building your Private Family Blueprint™ together.

Scan to schedule your next conversation

4. LICENSED PRODUCER NOTES

Notes and observations from today's consultation.

_____

_____

_____

_____

LICENSED PRODUCER SIGNATURE

Signature: _____ Date: _____

Print Name: _____

License #: _____ State: _____

CLIENT SIGNATURE

Signature: _____ Date: _____

Print Name: _____