PRIVATE FAMILY BLUEPRINT

Helping Families STOP Starting Over.

The FAMILY PROTECTION SNAPSHOT™

Life Insurance Needs Worksheet

SCHEDULE YOUR 30-MINUTE REVIEW

Understanding your FEGLI: Coverage Review

Life insurance is more than a death benefit—it's a bridge of love and stability for your family. This snapshot helps you identify potential needs, gaps, and opportunities so you can make informed decisions with confidence. ❤

1 ABOUT YOU

Name: ____________________

Agency/Employer: ____________________

Date: ____________________

Spouse/Partner Name: ____________________

Number of Dependents: _____ Ages: __________

2 INCOME SNAPSHOT

Annual Household Income (Before Tax): $__________

Monthly Take-Home Pay: $__________

If a primary income earner were no longer here, how would this impact your family? ____________________

____

____

3 IMMEDIATE EXPENSES

What would need to be covered right away?

Final Expenses (funeral, burial, etc.)	$______
Outstanding Medical Bills	$______
Credit Cards / Personal Loans	$______
Auto Loans / Leases	$______
Other Immediate Expenses	$______
TOTAL IMMEDIATE EXPENSES	$______

4 ONGOING FINANCIAL NEEDS

What ongoing monthly or annual expenses would your family need to maintain?

Housing (mortgage/rent)	$______ /mo
Education (tuition, college)	$______ /mo
Daily Living (food, utilities, transportation)	$______ /mo
Health Insurance (medical, dental, vision)	$______ /mo
Childcare / Activities	$______ /mo
Support for Aging Parents	$______ /mo
Other	$______ /mo
TOTAL MONTHLY NEEDS	$______

For how many years would your family need this support?

☐ 1–5 years ☐ 6–10 years ☐ 11–20 years ☐ 20+ years

Why did you choose this timeframe? ____________________

____

5 EXISTING COVERAGE

List your current life insurance and benefits.

TYPE OF COVERAGE	AMOUNT
FEGLI Basic	$______
FEGLI Option A	$______
FEGLI Option B	$______
FEGLI Option C	$______
TSP / Retirement Benefits	$______
Employer Life Insurance	$______
Individual Life Insurance	$______
Other (Specify)	$______
______	$______
______	$______
______	$______
TOTAL EXISTING COVERAGE	$______

6 POTENTIAL GAP

Your Estimated Need (Immediate + Ongoing)

$____________________

Less: Total Existing Coverage

$____________________

POTENTIAL GAP $______

A gap isn't always a problem. A plan is the solution.

7 WHAT MATTERS MOST?

Check your top priorities.

- ☐ Provide for my spouse / partner
- ☐ Provide for my children
- ☐ Pay for college or education
- ☐ Keep our home safe
- ☐ Support aging parents
- ☐ Leave a legacy / build wealth
- ☐ Other: __________

What worries you most about your family's financial future?

____

____

____

____

____

8 YOUR NEXT STEP

What action will you take after completing this worksheet?

- Review my current FEGLI coverage. ______
- Explore additional protection options for my family. ______
- Update my beneficiaries. ______
- Schedule my 30-minute review to discuss my plan. ______
- Other: __________ ______

> "Protection today. Peace of mind tomorrow.
>
> Love is showing up—today."

IMPORTANT REMINDERS

- Life insurance needs change over time—review this snapshot annually.
- Coordinate your life insurance with your estate plan and beneficiaries.
- This worksheet provides estimates, not guarantees or recommendations.

DID YOU KNOW?

Most families overestimate how much life insurance they have—and underestimate how much they actually need. ❤

QUESTIONS?

I'm here to help you understand your options so you can make confident, informed decisions for your family.