



YOUR RETIREMENT CHECKLIST

Use this worksheet to help plan your retirement benefits...

MEDICARE⁸⁶³

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Prescott, AZ
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Working Years Benefits	Will it TRANSITION?	Is it IMPORTANT?	Retirement Years Benefits
Health Insurance: Premium: \$ _____ Deductible: \$ _____ Co-insurance/Co-pay: \$ ____ / ____ Max out-of-pocket: \$ _____ Preventive benefits: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Medicare Supplement: Deductible: \$ _____ Co-insurance/Co-pay: \$ ____ / ____ Max out-of-pocket: \$ _____ Preventive benefits: \$ _____
Dental Insurance: Deductible: \$ _____ Max benefit: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Dental Insurance: Deductible: \$ _____ Max benefit: \$ _____
Cancer Protection: Benefit amount: \$ _____ Purpose: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Cancer Protection: Benefit amount: \$ _____ Purpose: \$ _____
Life Insurance: Term face amount: \$ _____ Whole face amount: \$ _____ Purpose: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance: Face amount: \$ _____ Purpose: \$ _____
Retirement Accounts: _____ \$ _____ _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Retirement Accounts: _____ \$ _____ _____ \$ _____
Income: Working: \$ _____ Other: \$ _____ Other: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Income: Pension: \$ _____ Social Security: \$ _____ Other: \$ _____
Other Benefits: Vision: \$ _____ Prescription: \$ _____ Hearing: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Other Benefits: Vision: \$ _____ Prescription: \$ _____ Hearing: \$ _____