Insurance Policy Review Meeting

Date: _____

Name: _____ _____

DOB: _____ _____

Email: _____ _____

Phone: _____ _____

Address: _____

_____

Agenda

1. Review existing insurance policy statements to ensure records are up to date:
   - Coverage
   - Beneficiary
   - Premium
   - Address

2. Discuss current amount and type of coverage owned:
   - Do you understand the coverage you own?
   - Does the coverage still meet your needs?

3. Discuss life changes that may have occurred since our last meeting:
   - Marital status
   - Employment status
   - Family addition
   - New home
   - Health change
   - Mortgage renewal
   - Smoking status
   - Group changes

4. Agree on any actions that are required including responsibility and timeframe for completion.

5. Schedule the “Know My Client Review” Meeting:

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