



Disability Insurance Needs Worksheet

This simple worksheet helps you assess the income needed to sustain your current standard of living should you become disabled and unable to work. This should not be viewed as a comprehensive assessment. For more information and a complete appraisal, contact a qualified insurance professional.

Monthly Income Available

- | | | |
|----|-----------------------------------------------------------|----------|
| 1. | Income from current group disability coverage | \$ _____ |
| 2. | Income from current individual disability coverage | \$ _____ |
| 3. | Income from spouse or other family member | \$ _____ |
| 4. | Monthly investment income | \$ _____ |

Total Monthly Income Available¹

¹Does not include Social Security disability payments

\$ _____

Monthly Expenses

- | | | |
|-----|---------------------------------------------------------|----------|
| 5. | Mortgage (including property tax) or rent | \$ _____ |
| 6. | Homeowners/renters insurance | \$ _____ |
| 7. | Car payments/car insurance | \$ _____ |
| 8. | Utilities | \$ _____ |
| 9. | Food/clothing | \$ _____ |
| 10. | Bank loans/credit card payments | \$ _____ |
| 11. | Medical expenses (incl. costs due to disability) | \$ _____ |
| 12. | Life/health insurance premiums | \$ _____ |
| 13. | Monthly savings/investments | \$ _____ |
| 14. | Maintenance costs for the home | \$ _____ |
| 15. | Other (education, etc.) | \$ _____ |

Total Monthly Expenses²

²Does not include one-time expenses (i.e., modifying home or automobile to accommodate disability)

\$ _____

Disability Insurance Need

16. Income - Expenses

Need for additional income replacement due to disability

\$ _____

