

LIFE INSURANCE

Life Insurance

Protection for the people who matter most.

“A small act of preparation today can make a world of difference tomorrow.”

PRIMARY LIFE INSURANCE POLICY

List your main life insurance policy details.

Insurance Company:

Type of Policy: ☐ Term ☐ Whole ☐ Universal ☐ Other:

Policy Number:

Owner (if different):

Insured:

Death Benefit Amount: \$

Issue Date: Term Length (if applicable):

Premium Amount: \$ ☐ Monthly ☐ Quarterly

☐ Semi-Annual ☐ Annual

Payment Method:

Beneficiary(ies):

Living Benefits (if any):

Notes:

ADDITIONAL LIFE INSURANCE POLICIES

List any additional policies (employer, individual, etc.).

Insurance Company	Type of Policy	Policy Number	Death Benefit	Premium (Amount & Frequency)	Beneficiary(ies)	Notes

EMPLOYER-PROVIDED LIFE INSURANCE

Employer Name:

Coverage Amount: \$

Type of Coverage: ☐ Basic ☐ Supplemental

Is Coverage Portable? ☐ Yes ☐ No ☐ Unknown

Notes:

BENEFICIARY REVIEW

Keep your beneficiaries up to date.

☐ Confirm your beneficiaries are current.

☐ Review after major life events (marriage, divorce, birth, etc.).

☐ Make sure contingent beneficiaries are listed.

☐ Keep a copy of beneficiary information with your important documents.

☐ Consider reviewing with a trusted advisor.

ADDITIONAL NOTES

Use this space for any additional information, questions, or reminders.



LONG-TERM CARE INSURANCE

Long-Term Care Insurance

Planning for today. More independence for tomorrow.

“Planning ahead today can help protect your independence tomorrow.”

PRIMARY LONG-TERM CARE INSURANCE POLICY

List your main long-term care insurance policy details.

Insurance Company:

Type of Policy: ☐ Traditional LTC ☐ Hybrid (Life/LTC) ☐ Linked Benefit ☐ Other:

Policy Number:

Owner (if different):

Insured:

Issue Date: Effective Date:

Monthly Premium: \$

Benefit Amount (Daily/Monthly): \$

Benefit Duration (How long):

Elimination Period (Waiting Period):

Inflation Protection: ☐ Yes ☐ No ☐ Unknown

Type of Care Covered: ☐ Home Care ☐ Assisted Living ☐ Nursing Home ☐ Adult Day Care ☐ Other:

Notes:

ADDITIONAL LONG-TERM CARE POLICIES

List any additional long-term care policies (if applicable).

Insurance Company	Type of Policy	Policy Number	Premium (Amount & Frequency)	Benefit Amount (Daily/Monthly)	Benefit Duration	Notes

CURRENT CARE ARRANGEMENTS

Use this section if you currently receive care or services.

Type of Care/Service:

Provider Name:

Address:

Phone Number:

Start Date: Frequency:

Notes:

CARE PREFERENCES

Share your preferences for future care.

Preferred Care Setting: ☐ At Home ☐ Assisted Living ☐ Nursing Home ☐ Adult Day Care ☐ Other:

Priority Considerations (check all that apply):

☐ Staying at home as long as possible ☐ Maintaining independence ☐ Proximity to family ☐ Faith-based care options ☐ Quality of care ☐ Cost ☐ Other:

Additional Notes:

IMPORTANT REMINDERS

☐ Review your policy periodically.

☐ Understand what services are covered.

☐ Keep a copy of your policy with important documents.

☐ Discuss your care wishes with family members.

☐ Consider reviewing your coverage with a trusted advisor.

GAVREL FAMILY PLANNING KIT



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GAVREL FAMILY PLANNING KIT

**This worksheet is from the
Gavrel Family Planning Kit.**

Get the full kit free at

GavrelGuidance.com

Honor Your Past. Protect Your Present. Prepare Your Future.