

➤ General Information

1. Has relevant personal information been gathered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Marital Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Time frame for starting a family	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Has financial situation been assessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Assets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Debts and liabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Insurance information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Employee benefits available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES

➤ Money Management

1. Have financial goals been determined or revised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Short-term goals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Intermediate-term goals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Long-term goals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Has budget been updated to reflect changes in income and expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Housing costs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Transportation costs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Food, clothing, and other household expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Healthcare expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Life and disability insurance premiums	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Adoption costs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Childcare costs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Temporary or permanent reduction in income if parent chooses to stay home with child rather than work outside the home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Has an emergency reserve account equal to at least three to six months' worth of living expenses been set aside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES

► Insurance Planning

1. Has the need for life insurance been evaluated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Have beneficiary choices been updated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Has the need for disability insurance been evaluated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Is health insurance coverage adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Maternity costs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Labor and delivery costs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Changes to healthcare providers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Healthcare expenses, including premium costs, co-payments, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Other employer-sponsored health plan options (family coverage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ COBRA benefits if job loss is anticipated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES

► Estate Planning Issues

1. Have valid wills been executed or updated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Durable power of attorney or health care proxy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Has guardian for child been chosen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Have other estate planning strategies been discussed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Use of trusts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Gifting assets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES

► Education Planning

1. Has the need to start saving for college early been discussed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Have college savings options been outlined or considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Coverdell education savings accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Series EE bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Custodial accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Section 529 plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Other savings/investment options	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES

➤ Retirement Planning

1. Have ways to resolve competing needs to save for retirement and a child's education been discussed? Yes No N/A

NOTES

➤ Tax Planning

1. Have changes to federal and state income tax situation been discussed? Yes No N/A

▪ Additional exemptions Yes No N/A

▪ Child tax credit Yes No N/A

▪ Child and dependent care credit Yes No N/A

▪ Adoption credit Yes No N/A

▪ Use of flexible spending accounts Yes No N/A

2. If child has already been born, has Social Security number been obtained? Yes No N/A

NOTES

➤ Other

1. Has eligibility for unpaid leave under the Family and Medical Leave Act of 1993 been determined? Yes No N/A

2. Is paid leave available through state or employer (short-term disability benefits or other benefits)? Yes No N/A

3. Have childcare options been discussed? Yes No N/A

4. Adoption issues? Are adoption benefits through employer available? Yes No N/A

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