



life insurance checklist



Constancy Wealth
RETIREMENT | DEBT | INVESTMENTS

Accredited by
AMP Financial Planning | **AMP** 

Life Insurance Checklist

1) Decide if you need life insurance (if you say yes to any of these you need some form of insurance cover)

- ☐ Do you have children or other people depending on you?
- ☐ Does your family need your salary?
- ☐ If you couldn't work due to illness or disability, could you cope financially?
- ☐ Could you afford medical expenses and care if you were seriously injured?
- ☐ Do you have large financial obligations or expenses (like a mortgage or debt)?
- ☐ Do you own your own business?

2) Determine what kind of insurance cover you need

- ☐ Life Insurance - pays a lump sum if you die or are diagnosed with a terminal illness
- ☐ Trauma Insurance - pays a lump sum if you are diagnosed with a serious medical illness listed in the Product Disclosure Statement
- ☐ Total and Permanent Disability Insurance - pays a lump sum if you are unable to ever work again due to disability
- ☐ Income protection Insurance - provides up to 75% of your income plus Super or Mortgage contributions while on claim if you can no longer work due to sickness or injury
- ☐ Business expenses insurance – Pays overhead expenses of your business if you are unable to work due to injury or illness

3) Decide what level of cover you require

- ☐ Think about the type of insurance you are getting to work out how much money you could need
- ☐ Consider using on online calculator on our website to work out the amount to cover needed
- ☐ www.constancywealth.com.au/tools-and-calculators

4) Plan how you want to pay for your insurance cover

- ☐ Can you afford to pay for it from your cashflow
- ☐ If not can it be held inside of Superannuation
- ☐ What is the most tax effective way to pay for your insurance cover
- ☐ Depending on the type of insurance, decide if you want stepped premiums or level premiums
- ☐ Decide on the frequency of your payments

5) Review your existing health for pre-existing conditions

	Individual 1	Individual 2
How would you rate your current health?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
What is your BMI? 1. divide your weight in kilograms (kg) by your height in metres (m) 2. then divide the answer by your height again to get your BMI.		
Do you currently have any personal health, lifestyle or occupation issues that may affect you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed <input type="checkbox"/> Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed <input type="checkbox"/> Details:
Are you currently taking any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
Have you suffered from any serious medical condition or undergone any medical procedure / operation in the last 10 years? If yes please specify?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Details:



<p>Have you ever been diagnosed with or had any of the following conditions?</p>	<input type="checkbox"/> Back / Neck / Joint pain <input type="checkbox"/> Skin lesion <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Heart conditions <input type="checkbox"/> Mental health <input type="checkbox"/> Cholesterol / Hypertension <input type="checkbox"/> Arthritis <input type="checkbox"/> Sleep apnoea <input type="checkbox"/> Other:	<input type="checkbox"/> Back / Neck / Joint pain <input type="checkbox"/> Skin lesion <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Heart conditions <input type="checkbox"/> Mental health <input type="checkbox"/> Cholesterol / Hypertension <input type="checkbox"/> Arthritis <input type="checkbox"/> Sleep apnoea <input type="checkbox"/> Other:
<p>Do you have any major illness in your family history?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
<p>Do you have private health cover?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Provider: <input type="checkbox"/> Type of cover:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Provider: <input type="checkbox"/> Type of cover:
<p>Have you smoked in the last 12 months?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Daily Average:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Daily Average:
<p>Do you drink alcohol?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Weekly Average:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Weekly Average:
<p>Sports, hobbies other interests:</p>	<input type="checkbox"/> Aviation / piloting <input type="checkbox"/> Water diving <input type="checkbox"/> Football <input type="checkbox"/> Motorbike riding <input type="checkbox"/> Horse riding <input type="checkbox"/> Motor racing <input type="checkbox"/> Rock climbing <input type="checkbox"/> Hang gliding <input type="checkbox"/> Ocean racing <input type="checkbox"/> Martial arts <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Details / how often:	<input type="checkbox"/> Aviation / piloting <input type="checkbox"/> Water diving <input type="checkbox"/> Football <input type="checkbox"/> Motorbike riding <input type="checkbox"/> Horse riding <input type="checkbox"/> Motor racing <input type="checkbox"/> Rock climbing <input type="checkbox"/> Hang gliding <input type="checkbox"/> Ocean racing <input type="checkbox"/> Martial arts <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Details / how often:
<p>Notes:</p>		

6) Research reputable insurance providers

- ☐ Be aware of typical life insurance policy exclusions for hazardous occupations, hobbies and pre-existing medical conditions.
- ☐ Understand that if you leave out relevant info your policy will be voided and no money paid.
- ☐ Thoroughly read Product Disclosure Statements so you clearly understand what you are and are not covered for.
- ☐ Make sure the insurance provider meets the level of insurance cover required as well as all your goals and mandatory features.
- ☐ Only once you have found insurance providers that meet all your requirements do you compare price.

7) Buy your insurance

- ☐ Make note of when your cover starts, how it will renew and any revised terms
- ☐ Read the fine print
- ☐ Find something you don't like? Cancel within the cooling off period (usually 30 days)

8) Review your policy each year prior to renewal

- ☐ Have your circumstances changed?
- ☐ Has your health situation changed?
- ☐ Do you require different types of insurance cover?
- ☐ Do you require different levels of insurance cover?
- ☐ Are your requirements of the insurance cover changed?
- ☐ Can you still afford the insurance cover and/or do you need to change how your insurance cover is paid for?
- ☐ Is your insurance cover still price competitive?

The best part is it could cost you nothing for a financial advisor to assist with a full Life insurance advice process from consultation, insurance needs analysis, research, application and annual review. Contact us today on 0423 437 812 or visit our website www.constancywealth.com.au

What you need to know

Constancy Wealth Management Pty Ltd ABN 51 168 427 361 trading as Constancy Wealth is an Authorised Representative and Credit Representative of AMP Financial Planning Pty Limited ABN 89 051 208 327 Australian Financial Services Licence 232706 and Australian Credit Licence 232706. This information does not take your circumstances into account, so read the relevant disclosure documents and consider what's right for you. If you acquire an AMP product or service, AMP companies and/or their representatives will receive fees and other benefits, which will be a dollar amount and/or a percentage of either the premium you pay or the value of your investments. Ask us for more details.

This post contains information that is general in nature. It does not take into account the objectives, financial situation or needs of any particular person. You need to consider your financial situation and needs before making any decisions based on this information.