

## Joe Ciaccio's In Home Survey

**Hello**  
**Your Warm Up**  
**Be Friendly**  
**Small Talk**

**Everything we speak about is confidential.**

What I like to do is to do a small survey to find out what you have, what questions you want to have answered, and for me to give you some ideas to give you peace of mind for your family.

1. Do you feel that you and your family are adequately prepared to take care of all of your burial expenses?

Yes

No

2. Have you attended or paid for a funeral in the last two years?

Yes

No

3. Have you considered a full traditional funeral or a cremation?

4. Besides yourself, does anyone else assist you with your insurance or financial decisions?

5. If you were to pass away tonight, who would be burdened with paying for all of your funeral expenses?

Spouse

|

Child

|

Parent

|

Partner

6. How would your loved ones pay for your funeral expenses?

Money in your savings account | Family Member | Burial Plan |  
Setup a Go Fund me account or have family members do a carwash to raise money

7. Do you currently have a Burial Program in force? If yes,  
Name of Carrier \_\_\_\_\_  
Whole Life or Term \_\_\_\_\_  
Face Amount \_\_\_\_\_  
Premium \_\_\_\_\_  
Approximate Year Purchased \_\_\_\_\_  
Do you feel you have an adequate amount to pay for all of your Final Expenses?  
Yes                      No

**When I'm through with this survey I'd be happy to give you a free policy review!**

If policy is not in force, why?

    Canceled

    Could not afford premiums

    Accidentally missed a payment and it lapsed

8. Please tell me about your health in the last 3 years.  
Heart Attack | Stroke | Cancer | COPD | Diabetes (Pill / Shot)  
Hospitalized | Anything Happened I Haven't Mentioned  
Smoker or Non Smoker

9. Do you have a will or trust set up yet?  
If no, Discuss RNA's Free Will

10. Who do you currently have your health insurance with?  
Is it a Medicare Supplement or an MAPD? \_\_\_\_\_  
Is it an HMO or PPO? \_\_\_\_\_  
Do you have any monthly premiums? \_\_\_\_\_  
What carrier? \_\_\_\_\_  
Are you happy with the services and copays they provide?  
What is most important to you:  
    Copays to Doctor  
    Copays for Rx  
    Part B Premium Refund  
    OTC Dollar Benefits  
    Freedom to Pick any Doctor without a referral

11. Has anyone ever talked with you about:

Hospital Indemnity Plan \_\_\_\_\_

Cancer Plan \_\_\_\_\_

Critical Illness Plan \_\_\_\_\_

AD&D Plan \_\_\_\_\_

12. Are you happy with the interest you are making on your savings and/or IRA accounts?

Where do you have your money parked at?

Savings Account

CD

IRA

Under Your Mattress

13. Do you have any children or grandchildren that you want to leave a legacy to?

**Outside of what we have addressed, do you have any other concerns or questions you would like to discuss?**

**Okay, I see that we have some topics that we should discuss to help you in all of these areas.**

Main Objective of Survey: Fact finding to discover more products and services you can offer.

A great tool to help new agents ask questions without trying to rely on their memory.

Keeps us ADD agents on track.

Helps potential clients open up to feel more comfortable to speak with you.

Ask all of the questions no matter where the client lives.  
(Do not judge the book by the cover.)