

2 Minute Life Cover Health Check

		All OK	Needs attention	Urgent!
1.	What state is your Will in?	Up to date	Drafted, not signed	No Will
2.	Do you have sufficient mortgage cover (death & critical illness)?	Yes to both	Partly	Don't know
3.	Are all of your loans covered in the event of your death?	Business & personal yes	Business only	Don't know
4.	Do you have sufficient available cash to see you through illness?	Yes	Don't know	No
5.	Is your income protected in the event of long-term disability?	Yes	Don't know	No
6.	Have you protected your family's income in the event of your own death?	Yes	Don't know	No
7.	Is there financial provision for childcare in the event of death or serious illness of a non-earning spouse/partner?	Yes	Don't know	No
8.	Do you have adequate private healthcare?	Yes	Don't know	No
9.	Have you recently reviewed your life cover needs?	Yes	Don't know	Not at all
10.	Are there sufficient funds in place to purchase the business of deceased or critically ill partners?	Yes	Don't know	None

Action Points

		Completed
1.		
2.		
3.		
4.		
5.		