

Let's Talk: A Coverage Worksheet

Use this list to help you determine today's obligations that may need to be covered if you pass away. Then consider your current contributions to savings that would also be impacted. Once you complete your list as best as you can, take it to a financial professional to discuss your needs.

NAME _____ DATE _____

HOUSING MONTHLY

- Mortgage payment or rent _____
- Utilities _____
- Maintenance _____
- Insurance _____
- Taxes _____
- **Monthly Total** _____

FAMILY EXPENSES

- Childcare _____
- School supplies & fees _____
- Activities (sports, clubs, lessons) _____
- Eldercare _____
- **Monthly Total** _____

TRANSPORTATION

- Auto maintenance _____
- Car payment _____
- Insurance _____
- Property tax _____
- Periodic vehicle replacement _____
- **Monthly Total** _____

LIFESTYLE

- Groceries _____
- Clothing _____
- Entertainment _____
- Vacations/Travel _____
- **Monthly Total** _____

EDUCATION MONTHLY

- Children's college _____
- Adult education _____
- Grandchildren's college _____
- **Monthly Total** _____

DEBT & ONGOING OBLIGATIONS

- Credit card debt _____
- School loans _____
- Medical bills _____
- Alimony/Child support _____
- **Monthly Total** _____

PETS

- Veterinary bills or procedures _____
- Food & maintenance _____
- Arrangements for pets who may outlive you _____
- **Monthly Total** _____

MEDICAL EXPENSES

- Current and future costs _____
- Long term care costs _____
- Insurance _____
- **Monthly Total** _____

CHARITABLE GIVING

- Organizations _____
- Causes _____
- **Monthly Total** _____

(Continued from previous page.)

MONTHLY

CONTRIBUTIONS TO SAVINGS & INVESTMENTS

- Money market account _____
- Personal savings account _____
- Children's savings account(s) _____
- CDs (Certificates of deposit) _____
- 401(k) _____
- IRA (Individual Retirement Account) _____
- Other retirement savings _____
- **Monthly Total** _____



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CATEGORY TOTALS	MONTHLY	(x12) =	ANNUAL	NOTES
- Housing	_____	_____	_____	_____
- Family Expenses	_____	_____	_____	_____
- Transportation	_____	_____	_____	_____
- Lifestyle	_____	_____	_____	_____
- Education	_____	_____	_____	_____
- Debt & Ongoing Obligations	_____	_____	_____	_____
- Pets	_____	_____	_____	_____
- Medical Expenses	_____	_____	_____	_____
- Charitable Giving	_____	_____	_____	_____
- Savings & Investments	_____	_____	_____	_____
Monthly / Annual Totals	_____	_____	_____	

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