

Starting a Family Checklist

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General information	Yes	No	N/A
1. Has relevant personal information been gathered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Marital status? • Time frame for starting a family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has financial situation been assessed? • Income • Expenses • Assets • Debts and liabilities • Insurance information • Employee benefits available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Money management	Yes	No	N/A
1. Have financial goals been determined or revised? • Short-term goals • Intermediate-term goals • Long-term goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has budget been updated to reflect changes in income and expenses? • Housing costs • Transportation costs • Food, clothing, and other household expenses • Health-care expenses • Life and disability insurance premiums • Adoption costs • Child-care costs • Temporary or permanent reduction in income if parent chooses to stay with child rather than work outside the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has an emergency reserve account equal to at least three to six months' worth of living expenses been set aside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Insurance planning	Yes	No	N/A

1. Has need for life insurance been evaluated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have beneficiary choices been updated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the need for disability insurance been evaluated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is health insurance coverage adequate? <ul style="list-style-type: none"> • Maternity costs • Labor and delivery costs • Changes to health-care providers • Health-care expenses, including premium costs, co-payments, coinsurance, coordination of benefits, and deductibles • Other employer-sponsored health plan options (if family coverage under other plan is better or more cost effective) • COBRA benefits if job loss is anticipated 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Estate planning issues	Yes	No	N/A
1. Have valid wills been executed or updated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Durable power of attorney or health-care proxy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has guardian for child been chosen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have other estate planning strategies been discussed? <ul style="list-style-type: none"> • Use of trusts • Gifting assets 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Education planning	Yes	No	N/A
1. Has need to start saving for college early been discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have college savings options been outlined or considered? <ul style="list-style-type: none"> • Coverdell education savings accounts • Series EE bonds • Custodial accounts • Section 529 plans • Other savings/investment options 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:			
Retirement planning	Yes	No	N/A
1. Have ways to resolve competing needs to save for retirement and a child's education been discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Tax planning	Yes	No	N/A
1. Have changes to federal and state income tax situation been discussed? • Additional exemptions • Child tax credit • Child and dependent care credit • Adoption credit • Use of flexible spending accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If child has already been born, has Social Security number been obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Other	Yes	No	N/A
1. Has eligibility for unpaid leave under the Family and Medical Leave Act of 1993 been determined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is paid leave available through state or employer (short-term disability benefits or other benefits)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have child-care options been discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adoption issues? Are adoption benefits through employer available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			

IMPORTANT DISCLOSURES

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