

**INSURANCE ACTION CHECKLIST**

**INSURANCE COVERAGE FOR**

**A LONGER LIFE To Do By Completed**

**Review insurance policies**

**for proper coverage**

homeowner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

auto \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

life \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

valuables \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Set insurance coverage goals**

short-term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

long-term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Review life insurance company**

**for stability** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Review policies with**

**insurance adviser** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Take inventory**

Photographs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

inventory lists \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

video \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Keep inventory documents in a safe,**

**twenty-four-hour accessible place** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Know phone numbers of**

**your elder’s insurance agents** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Keep proof of insurance accessible** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**BEYOND MEDICARE**

**Become familiar with Medicare**

**Coverage** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Explore Medicare supplementary**

**insurance options** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Review Medicaid qualifications**

**and plan** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Research Medicaid spend-down policy** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Review health insurance safeguards** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Review the need for long-term**

**care insurance** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Shop around for long-term**

**care insurance** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Know the phone numbers of**

Social Security office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

Supplementary insurance company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

Medicare \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

Medicaid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏

**Keep health insurance**

**phone numbers accessible \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ❏

**Make copies of insurance cards \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ❏