

# Legacy Benefits & Insurance Services Life Insurance Estimator Worksheet

If you are interested in a quote for additional coverage, please fax this form to Legacy Benefits at 916-781-9894, or call a representative at 916-677-2130.

**Expenses:**

Funeral/Probate Expenses: \_\_\_\_\_  
 Debt Re-payment: \_\_\_\_\_  
 College Expenses: \_\_\_\_\_  
 Uninsured Medical Costs: \_\_\_\_\_  
 Other Expenses: \_\_\_\_\_  
**Total Expenses:** \_\_\_\_\_

**Assets:**

Cash & Savings: \_\_\_\_\_  
 Investment & Other Assets: \_\_\_\_\_  
 Current Life Insurance Coverage: \_\_\_\_\_  
 Uninsured Medical Costs: \_\_\_\_\_  
 Other Expenses: \_\_\_\_\_  
**Total Expenses:** \_\_\_\_\_

	You	Spouse
Name:	_____	_____
Date of Birth/Smoker	_____	_____
Height/Weight	_____	_____
Health Issues/Medications	_____	_____
Monthly Net Income	_____	_____
Cash Reserve Factor <i>Use table below</i>	_____	_____
Long Term Cash Need <i>Monthly Inc X Cash Reserve Factor</i>	_____	_____
Total Expenses <i>see above</i>	_____	_____
Total Cash Need <i>LT Cash Need + Total Expenses</i>	_____	_____
Total Assets <i>see above</i>	_____	_____
<b>Life Insurance Needed</b> <i>Total Cash Need — Total Assets</i>	_____	_____

**Cash Reserve Factor Chart:** 10 yrs - 114.3641                      15 yrs - 167.6727  
 20 yrs - 218.6748                      25 yrs - 266.8802                      30 yrs - 312.9890

Multiple Monthly Net Income by Reserve Factor For Cash Reserve amount.  
 This formula determines future cash needs assuming an 3% annual inflation rate and 4% return on lump-sum death benefit.