

LIFE INSURANCE WORKSHEET

The passing of a primary wage earner can have a substantial impact on the finances of a household, leaving loved ones to shoulder the burden of covering daily/monthly living expenses if there is no life insurance or not enough coverage in place to meet needs. The worksheet below will help you determine what your expenses are, and how much coverage you may need if you lost a primary wage earner's income. Gerber Life has an array of whole life insurance products to help meet your insurance protection needs. Talk to your insurance agent to learn more about these options.

| Expense Type | Monthly Amount | Annual Amount |
|--|-----------------------|----------------------|
| 1. Oil or Gas | \$ _____ | \$ _____ |
| 2. Electric | \$ _____ | \$ _____ |
| 3. Water | \$ _____ | \$ _____ |
| 4. Internet, Cable, Telephone (Landline) | \$ _____ | \$ _____ |
| 5. Mobile Phone | \$ _____ | \$ _____ |
| 6. Alimony and/or Child Support | \$ _____ | \$ _____ |
| 7. Car Payment & Expenses | \$ _____ | \$ _____ |
| 8. Mortgage or Rent | \$ _____ | \$ _____ |
| 9. Homeowner Association Fees | \$ _____ | \$ _____ |
| 10. Property Taxes | \$ _____ | \$ _____ |
| 11. Income Taxes | \$ _____ | \$ _____ |
| 12. Home Equity Loan | \$ _____ | \$ _____ |
| 13. Home or Renter's Insurance | \$ _____ | \$ _____ |
| 14. Medical Insurance | \$ _____ | \$ _____ |
| 15. Dental Insurance | \$ _____ | \$ _____ |
| 16. Other Insurance | \$ _____ | \$ _____ |
| 17. Groceries and Meals | \$ _____ | \$ _____ |
| 18. Education | \$ _____ | \$ _____ |
| 19. Credit Card (Total) | \$ _____ | \$ _____ |
| 20. Entertainment (Shopping, Travel, Dining Out/Movies, etc.) | \$ _____ | \$ _____ |
| 21. Funeral Costs | \$ _____ | \$ _____ |
| 22. Other | \$ _____ | \$ _____ |
| Estimated Total Expenses | \$ _____ | \$ _____ |

| | Monthly | Annual |
|--|----------------|---------------|
| | _____ | _____ |
| Estimated Total Expenses | \$ _____ | \$ _____ |
| Minus Other Existing Income (Include other income not affected by loss of a primary wage earner's income, such as Interest, Dividends, Pension, Social Security, etc.) | \$ _____ | \$ _____ |
| Expenses Subtotal | \$ _____ | \$ _____ |
| Minus Existing Coverage (if any) | \$ _____ | \$ _____ |
| Estimated Total Life Insurance Coverage Needed | \$ _____ | \$ _____ |

Note: This worksheet is provided to you for informational purposes only and does not cover all aspects of your specific situation. Gerber Life Insurance Company does not provide specific tax or legal advice. Please consult an attorney or tax professional regarding your own personal situation.

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Gerber Life Insurance