



CENTER FOR FINANCIAL STRATEGIES, LLC

Your Tax and Financial Planning Partners for Life

328 South Main Street
New Hope, PA 18938-2256

grovercpa@Ctr4FinancialStrategies.com
pamcsa@Ctr4FinancialStrategies.com

PA: 215.862.0400
NJ: 908.996.6500
FX: 215.862.1951

GIVE YOURSELF A FINANCIAL CHECK-UP

1. Do you have medical insurance that covers medical expenses up to 1,000,000?
2. If you (or your spouse) got sick or hurt and were unable to work for more than 90 days, do you have disability insurance to help pay your expenses?
3. Do you have money (at least 3 to 6 months of your expenses) set aside for an emergency in a bank or money market account?
4. Do you maintain a balance on credit cards or other high-interest loans (not including home mortgage or car loans)?
5. Do you have the assets that you cannot afford to replace covered by insurance (i.e., car, home)?
6. Do you carry a minimum of \$1,000,000 in liability insurance?
7. How much money would your family receive from life insurance policies upon your death?
8. How much money would your family receive from life insurance policies upon your spouse's death?
9. Do you (or your parents) have a plan for paying nursing home and long-term, home health care costs?
10. Do you have children or grandchildren who are attending or planning to attend college?
11. At what age would you like to retire or become financially independent?



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12. Are you currently putting aside money for your retirement?
13. Do you want to accumulate funds for a special purpose (such as a new home, special vacation or to purchase a business)?
14. When do you anticipate this purchase?
15. What steps are you currently taking to help achieve this goal?
16. Do you have a will that has been reviewed by an attorney in the last five years and was drafted in your current state of residence?
17. Does your spouse have a will?
18. Would the total of your assets and life insurance proceeds exceed \$3,500,000 for 2009?