

Save \$25 on your tax Return

To our valued clients:

Over the years we have noticed many of our clients have neglected their **Life Insurance program**. We have found that they often have *more or less* than what they really should have or that many are overpaying for coverage that does not suit their needs. Please allow us to review your current program in more detail. There is no cost for this added service.

WHEN INSURANCE IS INVOLVED, THE TIME OF CLAIM IS NOT THE TIME TO DISCOVER WHAT YOU HAVE.

So, this tax season we want to make sure that you are getting the full value for the life insurance program you have and that your policy(s) fit your needs!

We encourage you to bring your life insurance policies with you to your income tax preparation meeting. We are offering a \$25 discount off your tax preparation fee for 2013 if you do so. While you are in the meeting with your tax preparer, we will make the necessary copies for our insurance experts to review and who will perform this free analysis. Our insurance experts will provide you a written report of their findings.

At the very least, you can be assured that the insurance policies you have in place are sufficient to meet your current needs and the needs of your family. This written report will provide recommendations for improvement if applicable. This is an important exercise that we recommend to all our clients.

There have been many changes in the insurance world over the past several years. We occasionally discover underperforming policies and often can substantially improve or reduce the cost of needed insurance. The more modern products also offer additional features that can be extremely beneficial, such as providing a combined Long Term Care benefit.

We hope this *added* service benefits you.

Sincerely,

Life Insurance Disability Insurance Long Term Care Insurance
Check all that apply – Complete Information on reverse side of this letter

FREE Insurance Analysis Questionnaire

The purpose of this analysis is to evaluate the cost and quality of your existing insurance policies.

1. Name: _____ Sex: M F Date of Birth: __/__/____

Address: _____ Phone: _____

Email: _____

General Health: (circle one) Excellent Good Fair Poor Smoke: Yes No Date Quit _____

We can give you a general evaluation from the information above, often discovering large price discrepancies. If you would like a more accurate evaluation give us additional details about any health conditions you may have. All information will be held in strictest confidence.

2. Name: _____ Sex: M F Date of Birth: __/__/____

Address: _____ Phone: _____

Email: _____

General Health: (circle one) Excellent Good Fair Poor Smoke: Yes No Date Quit _____

We can give you a general evaluation from the information above, often discovering large price discrepancies. If you would like a more accurate evaluation give us additional details about any health conditions you may have. All information will be held in strictest confidence.

NOTE:

To save you time, we will do a basic cost/benefit analysis on each policy and on your overall program. If it is necessary to contact you with specific questions, we will do so by email if you provide us this above and/or by telephone. Your E-mail will not be used for any other purpose.