Financial Planning Process

DISABILITY RISK ANALYSIS

LEVEL FOUR Financial
A DIVISION OF LEVEL FOUR GROUP, LLC

Prepared For: _____ Date: _____

MONTHLY HOUSEHOLD CASH FLOW

Household Monthly Need $ _____

EMPLOYER PROVIDED LONG-SHORT DISABILITY BENEFIT (TAXABLE)

Monthly Benefit	Number of Months	Exclusion Period
$		

EMPLOYER PROVIDED LONG-TERM DISABILITY BENEFIT (TAXABLE)

Monthly Benefit	Number of Months	Exclusion Period
$		

SELF-PAID SHORT-TERM DISABILITY BENEFIT (TAX-FREE)

Monthly Benefit	Number of Months	Exclusion Period
$		

SELF-PAID LONG-TERM DISABILITY BENEFIT (TAX-FREE)

Monthly Benefit	Number of Months	Exclusion Period
$		

EMERGENCY RESERVE

Cash Savings $ _____

DISABILITY INSURANCE

Is Short-Term Disability self-insured by Emergency Reserve?	☐ Yes	☐ No
Is Long-Term Disability self-insured by Emergency Reserve?	☐ Yes	☐ No
How long is household funded with current Disability Insurance Strategy?		

RECOMMENDED NEXT STEPS