

Personal Financial Security Plan

Name _____

Date _____

Monthly Income while disabled:

	1 st 6 months of disability	6 months and after of disability
Spouse's Monthly Income	\$ _____	\$ _____
Employer Sick Pay	\$ _____	\$ _____
Disability Insurance Payments	\$ _____	\$ _____
Income from Regular Savings/Investments	\$ _____	\$ _____
Workers' Compensation Payments	\$ _____	\$ _____
Social Security Payments	\$ _____	\$ _____
Others Sources of Income	\$ _____	\$ _____
(money from family, friends, home equity loans)		
Your estimated total monthly income:	\$ _____	\$ _____

Monthly Expenses while disabled:

	1 st 6 months of disability	6 months and after of disability
Mortgage & Taxes or Rent Payments	\$ _____	\$ _____
Utilities (Heat, Phone, Electricity, Water)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Transportation Expenses (Car Payments, Gas, Repairs)	\$ _____	\$ _____
Insurance Premiums (Health, Auto, Home, Life)	\$ _____	\$ _____
Medical/Dental Care Expenses	\$ _____	\$ _____
Retirement Plan Contributions	\$ _____	\$ _____
Other	\$ _____	\$ _____
(Childcare, Entertainment, Tuition, Savings)		
Your estimated total monthly expenses:	\$ _____	\$ _____

Based on your estimates if you became disabled and lost your income, you would have:

\$ _____ (more/less) income than expenses during the first 6 months of disability

\$ _____ (more/less) income than expenses after 6 months of disability

List the actions that you can take to help balance your income and expenses during a period of disability:

Date to complete

- | | |
|----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |
| 5) _____ | _____ |