

Date: \_\_\_\_\_

Name 姓名 : \_\_\_\_\_

Age 年龄 : \_\_\_\_\_

Company 公司 : \_\_\_\_\_

Designation 职位 : \_\_\_\_\_

Email 电邮 : \_\_\_\_\_

Tel No 电话号码 : \_\_\_\_\_

Marital Status 婚姻状况 : Single 未婚 / Married 已婚 / Divorce 离婚      Dependents 孩子人数: \_\_\_\_\_

**1. Hospitalization & Surgical Fee 住院手术费**

In the event of Hospitalization and Surgical, have you planned or financially prepared?  
您是否有为住院和手术费做好准备?

- |  |   |
|--|---|
| <input type="checkbox"/> I have Medical Insurance 我有医疗保险 | <input type="checkbox"/> I don't have Medical Insurance 我没有医疗保险 |
| <input type="checkbox"/> Personal owned 个人拥有             | <input type="checkbox"/> I have enough cash savings 我有足够的现金     |
| <input type="checkbox"/> Company owned 公司拥有              | <input type="checkbox"/> I Don't have enough money 我没有足够的金钱     |

Why? \_\_\_\_\_

**2. Critical Illness 严重疾病**

If happened to have Critical Illness, is there any compensation to be paid to you in cash?  
如果发生严重疾病, 您是否将会得到合理的赔偿?

- |                                |                                |                                       |
|--------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 不会 | <input type="checkbox"/> Not sure 不知道 |
|--------------------------------|--------------------------------|---------------------------------------|

How much 有多少? \_\_\_\_\_

**3. Temporary Loss of Working Ability 暂时无法工作**

If the critical illness not allow you to work, do you have enough reserves to maintain your family needs?  
如果因严重疾病而不能工作, 您是否拥有足够的资源来维持家庭生活费?

- |                                |                                |                                       |
|--------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Yes 有 | <input type="checkbox"/> No 没有 | <input type="checkbox"/> Not sure 不知道 |
|--------------------------------|--------------------------------|---------------------------------------|

What's your solution 您的方案是? \_\_\_\_\_

How much roughly do you need to sustain your family needs in a month? Need to sustain for how long?  
请问您的每月家庭生活费需要多少? 需要维持多少年?

\_\_\_\_\_

**4. Is it a burden to your family? 对家人是个负担吗?**

Would you worry about being a burden to your family if you suffered a major illness?  
如果发生严重疾病, 是否它会带给家人负担吗?

- |                                |                                |                                       |
|--------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Yes 会 | <input type="checkbox"/> No 不会 | <input type="checkbox"/> Not sure 不知道 |
|--------------------------------|--------------------------------|---------------------------------------|

Why 为什么? \_\_\_\_\_

**5. Others Responsibilities and Obligation 其他责任与负担**

Besides the medical bills & family living expenses, what other outstanding financial commitment do you have?  
除了医疗费和家庭生活费, 您是否还有其他未解决的负担或责任?

- |  |  |
|--|--|
| <input type="checkbox"/> Mortgage Loan 房屋贷款      | <input type="checkbox"/> PTPTN 教育贷款      |
| <input type="checkbox"/> Hire Purchase Loan 汽车贷款 | <input type="checkbox"/> Credit Card 信用卡 |
| <input type="checkbox"/> Personal Loan 个人贷款      | <input type="checkbox"/> Income Tax 所得税  |
| <input type="checkbox"/> Others 其他               | _____                                    |

# Needs Analysis

## A. Direct Expenses - Hospitalization & Surgical Expenses (pay to Hospital)

Subject	Existing Plan	Desired Benefit			Your Choice
		Low	Medium	High	
Room & Board Coverage					
Annual Limit					
Life Time Limit					

## B. In-Direct Expenses - Compensate your Loss / Supplement / Organic / Equipment etc

Subject	Existing Plan	Desired Benefit			Your Choice
		Low	Medium	High	
Critical Illness Coverage		100 - 299	300 - 499	500 - 1M	

## C. Financial Loss - Temporary unable to work

Subject	Existing Needs	Desired Benefit			Your Choice
		1 Year	3 Years	5 Years	
Monthly Family Expenses					
Yearly Family Expenses					

## D. Financial Obligation - Outstanding Debts

Subject	Outstanding	Solution			Your Choice
		Low	Medium	High	
Mortgage Loan		25% solved	50% solved	100% solved	
Hire Purchase Loan					
Personal Loan					
PTPTN					
Income Tax					
<b>Total</b>					

## E. Budget Allocation

If things were to happen today, how do you solve your financial matters?

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How much would you like to set aside every month in order to have a proper Healthcare Planning?

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