



Physicians Mutual®

Insurance for all of us.®

Your retirement benefits checklist

A guide to replacing your employer benefits

Use the left-hand side of the checklist to help identify the benefits you currently have through your employer. Then, use the right-hand side to note which benefits are important to have in retirement – the ones you may need to replace. It's common to have questions. Feel free to call us at 1-800-625-8610.

Working Years Benefits	Transitions With You?	Important to Have?	Retirement Years Benefits
HEALTH INSURANCE: Premium: \$ _____ Deductible: \$ _____ Co insurance/Co-pay: \$ ____ / ____ Max out-of-pocket: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE SUPPLEMENT: Deductible: \$ _____ Co insurance/Co-pay: \$ ____ / ____ Max out-of-pocket: \$ _____
DENTAL INSURANCE: Deductible: \$ _____ Max benefit: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	DENTAL INSURANCE: Deductible: \$ _____ Max benefit: \$ _____
CANCER PROTECTION: Benefit amount: \$ _____ Purpose: _____	<input type="checkbox"/>	<input type="checkbox"/>	CANCER PROTECTION: Benefit amount: \$ _____ Purpose: _____
LIFE INSURANCE: Term face amount: \$ _____ Whole face amount: \$ _____ Purpose: _____	<input type="checkbox"/>	<input type="checkbox"/>	LIFE INSURANCE: Face amount: \$ _____ Purpose: _____
RETIREMENT ACCOUNTS: _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT ACCOUNTS: _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____
INCOME: Working: \$ _____ Other: \$ _____ Other: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	INCOME: Pension: \$ _____ Social Security: \$ _____ Other: \$ _____
OTHER BENEFITS: Vision: \$ _____ Prescription: \$ _____ Hearing: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	OTHER BENEFITS: Vision: \$ _____ Prescription: \$ _____ Hearing: \$ _____