FINANCIAL RISK REVIEW WORKSHEET

A conversation guide to identify financial risks that may affect your lifestyle, financial plan, or the people and assets you want to protect.

Identifying a potential risk is only the first step. Additional review may be needed to quantify the exposure and understand its potential impact. Our role is to help you identify the risk, quantify it when reasonably possible, and clearly explain the tradeoffs so you can decide whether accepting or transferring the risk better fits your circumstances and preferences.

Ruiz Financial Group, LLC is a fee-only firm. We do not sell commissionable insurance products or receive compensation for referring insurance business to an agent. Any recommendations are intended to help protect and support your financial plan; the decision to accept or transfer a risk remains yours.

CLIENT / HOUSEHOLD NAME(S)	DATE	ADVISOR

Areas We Will Review

Life Insurance
Income replacement, beneficiaries, employer coverage

Health Insurance
Household and dependent coverage

Long-Term Care
Your coverage and potential care needs

Family Care Obligations
Potential financial support for parents or others

Disability Insurance
Income protection and business continuity

Home & Auto Liability
Drivers, umbrella coverage, and ownership exposure

Recreational Assets
Watercraft, RVs, ATVs, and use by others

Asset Titling & Planning
Ownership, estate documents, and retirement confidence

How to Use This Worksheet

Use the checkboxes and notes fields to capture what you know today. Leave anything blank if you are unsure. Questions or possible gaps can help us identify areas that may deserve additional review and quantification.

Insurance Risks

Life Insurance

1. Do you have life insurance? ☐ Yes ☐ No

If someone depends on your income or financial support, are you confident your life insurance and other available assets would be enough to support them? ☐ Yes ☐ No ☐ Unsure

What percentage of your life insurance coverage is tied to your employer? ____ %

(Total Insurance / Total Group Coverage)

Do you have life insurance outside of your employer? ☐ Yes ☐ No

Are you confident your life insurance beneficiary designations are current and reflect your wishes? ☐ Yes ☐ No

LIFE INSURANCE NOTES

Health Insurance

2. Do you have health insurance? ☐ Yes ☐ No

3. Are your spouse or partner and financial dependents covered by health insurance? ☐ Yes ☐ No

HEALTH INSURANCE NOTES

Insurance Risks

Long-Term Care

4. Do you own long-term care insurance? ☐ Yes ☐ No

Family Care Obligations

5. Could you reasonably be expected to help pay for a parent's long-term care or ongoing support? ☐ Yes ☐ No ☐ Unsure

6. Is there anyone else whose long-term care or ongoing support you may feel financially responsible for? ☐ Yes ☐ No ☐ Unsure

LONG-TERM CARE & FAMILY CARE NOTES

Disability Insurance

7. If you work for someone else, does your employer provide disability insurance? ☐ Yes ☐ No

Who pays the disability insurance premium? ☐ Me ☐ Employer

8. If you are self-employed or own your own company, do you have disability insurance? ☐ Yes ☐ No

Does it cover business continuity expenses if you became disabled? ☐ Yes ☐ No

DISABILITY INSURANCE NOTES

Liability Risks

Home & Auto

9. Do you have any children, grandchildren, or non-family members driving vehicles registered in your name? ☐ Yes ☐ No

10. Are your children or grandchildren covered under your insurance policy? ☐ Yes ☐ No

11. Do you have umbrella liability coverage? ☐ Yes ☐ No

Umbrella coverage amount: $

Recreational Assets

12. Do you own recreational assets such as watercraft, ATVs, RVs, or similar property? ☐ Yes ☐ No

Do you ever allow others to use them? ☐ Yes ☐ No

Rental Property

13. Do you have any rental properties? ☐ Yes ☐ No

If so, how are the deeds titled?

Are these owned personally or in a protective entity?

Asset Titling

14. If you were found liable for a serious accident or claim, do you know which of your assets could be exposed to a judgment? ☐ Yes ☐ No

15. Have you ever reviewed your asset titling to consider the impact of a judgment against you? ☐ Yes ☐ No

LIABILITY & ASSET TITLING NOTES

Estate & Planning Risks

Estate & Financial Planning

16. Do you have estate planning documents including wills, trusts, financial powers of attorney, and medical directives? ☐ Yes ☐ No

17. When were they last reviewed by an attorney?

18. Are there changes you would like to make to your estate planning documents? ☐ Yes ☐ No

19. Do you currently have a written financial plan? ☐ Yes ☐ No

20. Have you achieved financial independence? ☐ Yes ☐ No ☐ Unsure

21. Are you confident your assets can sustain your desired retirement lifestyle? ☐ Yes ☐ No ☐ Unsure

ESTATE / FINANCIAL PLANNING NOTES

Risk Review Conversation Summary

Use this section together to capture the areas that may deserve a closer look. Potential risks identified here may require additional review and quantification before recommendations are considered.

AREAS TO REVIEW FURTHER

- ☐ Life insurance
- ☐ Health insurance
- ☐ Long-term care / family care
- ☐ Disability insurance
- ☐ Home / auto liability
- ☐ Recreational assets / property
- ☐ Asset titling
- ☐ Estate / financial planning

TOP RISKS OR QUESTIONS TO ADDRESS

1.
2.
3.

NEXT STEPS / PROFESSIONALS TO COORDINATE WITH

REVIEWED WITH CLIENT ON

ADVISOR INITIALS