

Hospital Indemnity Client Fit Worksheet

Section 1: Client Coverage Snapshot

Primary Health Coverage Type (check one):

- ☐ Medicare Advantage
- ☐ Medicare Supplement
- ☐ ACA Marketplace Plan
- ☐ Employer-Sponsored Health Plan
- ☐ Self-Employed / Individual Coverage
- ☐ Other: _____

Current Plan Notes (optional):

Section 2: Hospital Exposure Assessment

Ask the following questions to understand potential out-of-pocket exposure.

1. Do you know what your current plan charges for a hospital stay?

- ☐ Yes
- ☐ No
- ☐ Not sure

2. Are there daily hospital copays, coinsurance, or deductibles you would be responsible for?

- ☐ Yes
- ☐ No
- ☐ Not sure

3. If you were hospitalized for several days, would those costs create financial stress?

- ☐ Yes
- ☐ Possibly
- ☐ No

Section 3: Budget Comfort Check

Hospital indemnity insurance works best when affordability and expectations are aligned.

1. Would a modest monthly premium for supplemental protection be comfortable?

☐ Yes

☐ Possibly

☐ No

2. Is the client more focused on predictability or minimizing premiums?

☐ Predictability

☐ Lowest cost

☐ Unsure

Notes:

Section 4: Education & Understanding Acknowledgment

Confirm the client understands the nature of hospital indemnity coverage.

☐ Client understands this is supplemental coverage, not major medical

☐ Client understands benefits are paid directly to them

☐ Client understands benefits are fixed amounts, not bill reimbursement

☐ Client understands limitations and exclusions apply

Education Summary:

Section 5: Fit Assessment

Based on the conversation, hospital indemnity insurance appears to be:

- ☐ Strong fit
- ☐ Possible fit, needs follow-up
- ☐ Not a fit at this time

Primary Reasoning:

- ☐ Hospital cost exposure
- ☐ Client interest in added protection
- ☐ Budget alignment
- ☐ Not appropriate based on needs or budget

Section 6: Follow-Up Decision

Next Step Selected:

- ☐ Provide additional education
- ☐ Review specific plan options
- ☐ Schedule follow-up conversation
- ☐ Document discussion, no action at this time

Follow-Up Notes:

Benefit Needs Estimator

Hospital indemnity plans provide financial security by offering fixed daily benefits for hospital stays, helping cover out-of-pocket expenses and complementing primary health insurance coverage.



YOUR HEALTH PLAN OUT-OF-POCKET COSTS

BENEFIT

PREMIUM

Hospital Confinement Daily Co-Pay _____ x _____ days =

Ambulance Service Co-Pay

Radiation/Chemotherapy Max. Out-of-pocket

Skilled Nursing Facility Daily Co-Pay _____ x _____ days =

Outpatient Surgical Co-Pay

Outpatient Therapy Co-Pay

Dental / Vision Average Monthly Costs

Potential Out-of-pocket Costs

\$ _____

Premium
