Comparison of At-Need to Pre-Need Worksheet

Insured Name: _____ **Contract No.:** _____

		Pre-Need	At-Need	Inflation	Cash Item	Pre-Need Credit	At-Need less than Preneed
	PRENEED ITEMS						
A	Funeral Hm Basic Service						
B	Embalming						
C	Refrigeration						
D	Other Care:						
	Washing remains						
	Cosmetic work						
	Other Preparation						
E	**Use of Facilities & Staff**						
*	Visitation / Viewing						
	Funeral service						
	Memorial service						
	Graveside service						
	Rosary/prayer service						
	Prep room						
F	**Transportation**						
*	Auto for tsf remains to FH						
*	Hearse						
*	Family car						
*	Service auto						
*	Flower car						
*	Limousine						
*	Extra Transportation						
	Services Total	0.00	0.00	0.00	0.00	0.00	0.00
G	**Merchandise**						
*	Casket						
	Desc:						
*	Outer burial container						
	Material:						
*	Alternative container						
*	Urn						
	Clothing with tax						
	Memorial booklets			-	-	-	-
	Grave marker			-	-	-	-
	Acknowledgements			-	-	-	-
	Register book			-	-	-	-
*	Flowers with tax			-	-	-	-
*	Certified copies of dth cert.			-		-	-
*	Obituaries			-	-	-	-
	Clergy Honorarium			-		-	-
	Musician Honorarium			-	-	-	-
				-	-	-	-
H	**Other Services**						
*	Forwarding remains			-	-	-	-
*	Receiving remains			-	-	-	-
	Crematory fee			-	-	-	-
	Cemetery fee			-	-	-	-
*	Opening / Closing			-		-	-
	Installation of container			-	-	-	-
	Direct Cremation			-	-	-	-
	Merchandise Total	0.00	0.00	-	-	-	-
	Service And						
	Merchandise Totals	0.00	0.00	-	-	-	-
	Balance to At-Need						

Signature of Preparer:

Funeral Home Name:

Date: 9/8/2009

CASE ANALYSIS

Insured Name:
Contract No.:
Analyst:
Date Prepared:

	Pre-Need	At-Need
Contract Totals Brought Forward	0.00	0.00
Cash Items	0.00	
Preneed Credit	0.00	
Inflation	0.00	
Adjustment (A/N cost < P/N cost)	0.00	
Plan discount		
Contract Totals	**0.00**	**0.00**

Preneed Payment Analysis

Amt of PN CONTRACT or INSURANCE	**0.00**
Plan Discount	**0.00**
Amount paid on Contract	
Amount owed on Contract	**0.00**

Review for Overpayments

USE NUMBERS FROM AT-NEED CONTRACT IN THIS SECTION

Total of At-Need Contract	**0.00**
Amount Credited by FH for Preneed	
Inflation	
Payment made by family to FH	
Other - Assignments from other policies	
Credit for unused items	
BALANCE DUE	**0.00**

NOTES:

Balance Due on Preneed Contract	
Cash Items (including upgrades)	**0.00**
Preneed Credit (including downgrades)	**0.00**
Total Amount Allowable to charge family	**0.00**