

2024



MEDICARE  
&  
LIFE SALES

AGENT PLANNER

# DAILY-MONTHLY AD SPEND & COMMISSION TRACKING

COMMISSION GOAL FOR THIS MONTH: \_\_\_\_\_

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

SUN	MON	TUE	WED	THU	FRI	SAT
	Spent	Spent	Spent	Spent	Spent	Spent
	Earned	Earned	Earned	Earned	Earned	Earned
	Spent	Spent	Spent	Spent	Spent	Spent
	Earned	Earned	Earned	Earned	Earned	Earned
	Spent	Spent	Spent	Spent	Spent	Spent
	Earned	Earned	Earned	Earned	Earned	Earned
	Spent	Spent	Spent	Spent	Spent	Spent
	Earned	Earned	Earned	Earned	Earned	Earned
	Spent	Spent	Spent	Spent	Spent	Spent
	Earned	Earned	Earned	Earned	Earned	Earned

TOTALS:

Spent \_\_\_\_\_

Earned \_\_\_\_\_

Spent \_\_\_\_\_

Earned \_\_\_\_\_

Spent \_\_\_\_\_

Earned \_\_\_\_\_

Spent \_\_\_\_\_

Earned \_\_\_\_\_

Spent \_\_\_\_\_

Earned \_\_\_\_\_

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MONTHLY RECAP. WINS AND LOSSES. WHAT IS WORKING AND WHAT IS NOT? HOW CAN I IMPROVE?

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MONTHLY COMMISSIONS EARNED

**Total Spent (-)**

**Total Earned**

**Net Profit**

GOALS FOR NEXT MONTH

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MON TUE WED THU FRI SAT SUN

DATE: \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_

Email \_\_\_\_\_

Birthdate \_\_\_\_\_

Social Sec # \_\_\_\_\_

Married/household members \_\_\_\_\_

Medicare A & B \_\_\_\_\_

Medicaid DSNP \_\_\_\_\_

LIS \_\_\_\_\_

CSNP \_\_\_\_\_

A- \_\_\_\_\_

B- \_\_\_\_\_

MEDICARE # \_\_\_\_\_

Medicaid # \_\_\_\_\_

Current Carrier Plan \_\_\_\_\_

PCP & Specialist \_\_\_\_\_

Notes-Strategy \_\_\_\_\_  
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Monthly Income \_\_\_\_\_

Life Insurance? \_\_\_\_\_

Amount \_\_\_\_\_

Carrier \_\_\_\_\_

Quotes \_\_\_\_\_

Beneficiary \_\_\_\_\_

Height / Weight \_\_\_\_\_

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# DAILY SALES CALLS

MON TUE WED THU FRI SAT SUN

DATE: \_\_\_\_\_

Name

Number

Email

\_\_\_\_\_

Birthdate

Social Sec #

Married/household members

Medicare A & B

Medicaid DSNP

LIS

CSNP

A-

B-

MEDICARE #

Medicaid #

Current Carrier Plan

PCP & Specialist

Notes-Strategy

Monthly Income

Life Insurance?

Amount

Carrier

Quotes

Beneficiary

Height / Weight

Medical Issues

Banking Details

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CSNP \_\_\_\_\_

A- \_\_\_\_\_

B- \_\_\_\_\_

MEDICARE # \_\_\_\_\_

Medicaid # \_\_\_\_\_

Current Carrier Plan \_\_\_\_\_

PCP & Specialist \_\_\_\_\_

Notes-Strategy \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Monthly Income \_\_\_\_\_

Life Insurance? \_\_\_\_\_

Amount \_\_\_\_\_

Carrier \_\_\_\_\_

Quotes \_\_\_\_\_

Beneficiary \_\_\_\_\_

Height / Weight \_\_\_\_\_

Medical Issues \_\_\_\_\_  
\_\_\_\_\_

Banking Details \_\_\_\_\_

Case follow up notes \_\_\_\_\_

Time \_\_\_\_\_

# DAILY-MONTHLY AD SPEND & COMMISSION TRACKING

COMMISSION GOAL FOR THIS MONTH: \_\_\_\_\_

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

SUN	MON	TUE	WED	THU	FRI	SAT
	Spent	Spent	Spent	Spent	Spent	Spent
	Earned	Earned	Earned	Earned	Earned	Earned
	Spent	Spent	Spent	Spent	Spent	Spent
	Earned	Earned	Earned	Earned	Earned	Earned
	Spent	Spent	Spent	Spent	Spent	Spent
	Earned	Earned	Earned	Earned	Earned	Earned
	Spent	Spent	Spent	Spent	Spent	Spent
	Earned	Earned	Earned	Earned	Earned	Earned
	Spent	Spent	Spent	Spent	Spent	Spent
	Earned	Earned	Earned	Earned	Earned	Earned

TOTALS:

Spent \_\_\_\_\_

Earned \_\_\_\_\_

Spent \_\_\_\_\_

Earned \_\_\_\_\_

Spent \_\_\_\_\_

Earned \_\_\_\_\_

Spent \_\_\_\_\_

Earned \_\_\_\_\_

Spent \_\_\_\_\_

Earned \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MONTHLY RECAP. WINS AND LOSSES. WHAT IS WORKING AND WHAT IS NOT? HOW CAN I IMPROVE?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MONTHLY COMMISSIONS EARNED

**Total Spent (-)**

**Total Earned**

**Net Profit**

GOALS FOR NEXT MONTH

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



