PREPARED FOR

Client Name: _____ Date of Birth: _____

Spouse/Partner Name:_____ Date of Birth: _____

What is *your* plan for care?

It is never too soon and almost *always* better to make plans in advance.

Let's find the best solution for *YOU*.

Long Term Care Analysis Provided by:

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Has anyone in your family needed care? Yes / No

How much did it cost? $_____

How was that provided ?_____

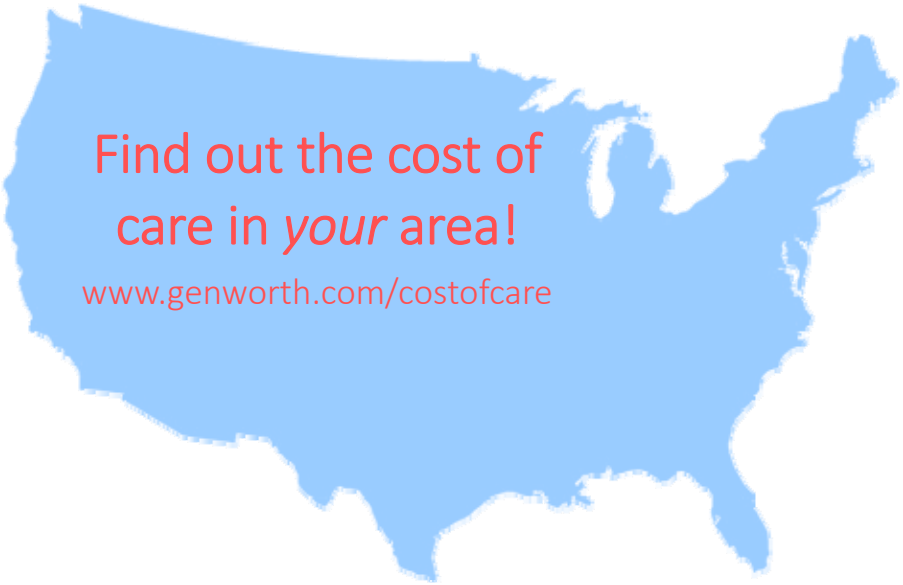
Is that how you want your care to be provided? Yes / No

Do you know what the cost of care is in the area where you plan to retire $_____

If you need care, how much could you contribute per month to your care before it impacts your family's lifestyle? $_____

How big of a pool of money do you want available to you to cover any claims?
$_____

Would you be interested in having the policy paid off in the next 10 years? Yes / No



Protect the ones you love

What monthly premium amount are you comfortable setting aside to protect your retirement lifestyle? $_____

Do you own a business? If so, would you be interested in seeing if there is a tax deduction available if the business paid the premium?

Yes / No

Do you have a rainy day fund that may be available to use as a wealth transfer? (a CD that has rolled over numerous times, Savings, Money Market Accounts, etc) Yes / No

Do you have a life insurance contract with cash value ? Yes / No
If so, what are the cash value & death benefit? _____

What was the purpose of that policy? _____
Does that need still exist? Yes / No

Do you have an annuity that has been set aside for the next generation? Yes / No

Who Benefits from Long Term Care Insurance?

From AALTCI's 2014 Annual Report

- The nation's long-term care insurance companies paid $20.5 million in claim benefits per day in 2013
- $7.5 billion paid in claims nationally in 2013
- 273,000 claimants opened an LTC claim in 2013

Height:_____ Weight:_____
Tobacco Use Yes / No

Spouse/Partner:
Height:_____ Weight:_____
Tobacco Use Yes / No

Relationship Status : Single Married
Living with some one > 3 years: Yes / No
Are they looking for coverage: Yes / No

Medications

Client/Partner	Name of Medication & Dosage:	Condition taken for:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please List Medical Conditions Treated For In The Past 10 Years

Condition:_____ Date:_____/_____/_____
Details:_____
_____
Condition:_____ Date:_____/_____/_____
Details: _____
_____

Condition:_____ Date:_____/_____/_____
Details:_____
_____

(Please include additional sheet if necessary)

"Setting a goal is not the main thing. It is deciding how you will go about achieving it and staying with that plan."

-Tom Landry
Dallas Cowboys coach, 1960-1988