

MY PLAN FOR THE POSSIBILITY OF ASSISTED CARE IN THE FUTURE

By completing this document, you will have written details to share with your family and friends who need to know your feelings and expectations about your own care. Please add another page for additional comments.

Long-term Care, Extended Care, Assisted Care, etc. is defined as needing care from other adults to conduct daily activities for a physical or mental disability due to an accident or illness which could happen at any age.

Assisted Living Costs Per Year (National Median Average In 2018): \$52,620*

Nursing Home Costs Per Year (National Median Average In 2018): \$98,915*

*Care costs may be found at www.Genworth.com Genworth cost of care survey

1) I EXPECT TO LIVE TO AGE: _____

RATIONALE _____

2) I EXPECT MY RETIREMENT INCOME TO COME FROM 401(K), 403(B) ANNUITIES, CASH VALUE LIFE INSURANCE, PENSION, REAL ESTATE, STOCK/BOND DIVIDENDS, SOCIAL SECURITY, SAVINGS, ETC.).

Circle all that apply.

3) I RECOGNIZE IT IS POSSIBLE THAT I MAY REQUIRE CARE FROM MY FAMILY OR OTHERS AT SOME POINT DURING MY LIFETIME.

YES/NO: RATIONALE _____

4) IF AN ACCIDENT OR ILLNESS HAPPENS TO ME WITHIN THE NEXT 12 MONTHS, WHO WOULD BE ABLE TO CARE FOR ME? LIST FAMILY AND FRIENDS.

5) IF HOME CARE IS NOT AN OPTION, I AM WILLING TO MOVE TO A LONG TERM CARE FACILITY, ASSISTED LIVING COMMUNITY, OR DEMENTIA COMMUNITY FOR A SAFER ENVIRONMENT.

YES/NO : RATIONALE _____

6) I PLAN TO PAY LONG TERM CARE (LTC) EXPENSES OUT OF SAVINGS & ASSETS

YES/NO : RATIONALE _____

7) I WILL NEED HELP PUTTING TOGETHER A PLAN TO ADDRESS THESE EXPENSES

YES/NO : RATIONALE _____

PRINT NAME

PRINT NAME

SIGNATURE

Date

SIGNATURE

Date



WEIDMAYER WEALTH SOLUTIONS, LLC

David M. Weidmayer, CFP® | 9850 Westpoint Drive | Suite 550 | Indianapolis, IN 46256 | 317.579.9400 Direct | 317.437.2221 Mobile

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