

My Long-Term Care Plan

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Carrier: _____

Product: _____

Policy Number: _____

Claims Support Contact Number: _____

Premium Amount: _____

Premium Frequency: _____

Funding Duration: _____

Initial Monthly LTC Benefit: _____

Initial LTC Pool: _____

Projected Monthly LTC Benefit @ Age 83: _____

Projected LTC Pool @ Age 83: _____

Inflation Factor: _____

Benefit Duration: _____

Death Benefit Amount: _____

LTC Benefit Payout Style: _____



WEIDMAYER WEALTH SOLUTIONS, LLC

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