

CONFIDENTIAL NEEDS ANALYSIS FOR LONG-TERM CARE INSURANCE

PERSONAL DATA:

Name: _____ Spouse: _____
DOB: _____ DOB: _____
Occupation: _____ Occupation: _____
Address: _____

Home Phone: _____ Work Phone: _____

Children: Name _____ City/State _____

Name _____ City/State _____

Name _____ City/State _____

Name _____ City/State _____

INSURANCE COVERAGE:

Health Insurance/Medicare Supp. ___ Yes ___ No LTC Ins. ___ Yes ___ No

Life Insurance ___ Yes ___ No _____ Amount _____ DBA _____ Duration

Notes:

FINANCIAL INFORMATION:

Home Value _____ Other Real Estate Value _____ Debt Amount _____

Mortgage _____ Mortgage _____ other _____

Do you have a current Will? Yes _____ No _____

Have you set up a Trust? Yes _____ No _____ Type _____

Monthly Income:

Employment/Self-Employment _____ Pension _____

Social Security: _____ Bank Interest (CDs, accounts) _____

Investment Income _____ Other _____

How do you expect your income to change over the next ten years? (Check one)

___ No Change ___ Increase ___ Decrease

ASSETS (Values and Rates of Return):

Savings, Money Markets, NOW Accounts _____
CDs _____ Exp. Dates _____
Mutual Funds _____ Annuities _____

Stocks _____ other _____

Qualified Retirement Plans (value – owner – beneficiary)

How do you expect your assets to change over the next ten years? (Check one)
____ Stay about the same ____ Increase ____ Decrease

Planning Goals: Your primary reasons for considering Long-Term Care Insurance are:

- ____ To help protect my assets
- ____ To help me afford needed LTC services
- ____ To help protect my family's standard of living if I ever need LTC services
- ____ The ability to help choose the type and location of facility to receive services
- ____ To help avoid depending on others for care and to help preserve my independence
- ____ To help protect my estate for my heirs
- ____ To help avoid Medicaid or relying on government programs in the future

Medical Conditions and Medication(s) being taken:

Daily Activities:

Risk Determination

1. Are your assets and income sufficient to provide for BOTH long-term care expenses and to allow you to resume your normal lifestyle upon recovery from an illness? Yes _____ No _____
2. Are your assets and income sufficient to provide for BOTH long-term care expenses and the needs of your spouse? Yes _____ No _____
3. Are your assets needed for any other special purpose related to estate planning (such as unique family needs, special bequests, or taxes)? Yes _____ No _____
4. What portion, if any, of the risk for long-term care expenses would you like to transfer to a private insurance program? e.g., 100%, 50%, etc. _____%

Notes

New York, NY 10010