

Creating Your Extended Care Strategy

Date: _____ Current age: _____ Years until retirement: _____

Name: _____ Financial Professional's Name: _____

Where you plan to retire: _____

Considerations in crafting your extended care strategy:

What experience, if any, have you had with any family or friends needing care? How did that impact the family?

Do you believe that you could live into your 80's, 90's or even longer?

Yes No (If no, please explain) _____

You might never require assistance or care to remain independent, but if you did:

How would providing care affect your family emotionally?

How would providing care affect your family physically?

How would providing care affect your family financially?

Current annual cost of care in your area: _____ Expected cost of care when you need it: _____

(Use the [Cost of Care Calculator found here](#)).

EXTENDED CARE STRATEGY	FUNDING THE STRATEGY
<p>Where would you want to receive care?</p> <ul style="list-style-type: none"><input type="checkbox"/> Home<input type="checkbox"/> Assisted Living Facility<input type="checkbox"/> Nursing Facility<input type="checkbox"/> Other: _____	<p>How will you pay for this strategy?</p> <ul style="list-style-type: none"><input type="checkbox"/> Personal Assets & Income (Self-Funding)<input type="checkbox"/> Transfer the risk to Long-Term Care Insurance<input type="checkbox"/> Co-insure the risk (Insurance + Self-Funding) Insurance would pay __%, I would pay __%<input type="checkbox"/> Other: _____

Who would you want to physically provide your care?

- Spouse
- Children
- Professional Caregiver
- Other: _____

Who would you want to manage your care?

- Spouse
- Children
- Professional Caregiver
- Other: _____

Reasons you'd want to protect your finances?

- Ongoing lifestyle support for spouse/partner
- Gifting/inheritances
- Legacy planning
- Charitable contributions (to who)
- Other: _____

If you needed to fund a care event tomorrow, how would you do this?

- Savings/Assets
- Pension
- 401K
- HSA
- Annuities or Life Insurance
- Other: _____

What other planning have you done?

- Living will
- Health care directive
- Power of Attorney
- Trusts
- Other: _____

Next steps:

- Discuss funding options with my financial planner or insurance professional
- Communicate strategy and funding plan with family

Notes: _____

Disclosure: This worksheet is not intended to be a legal document. It is an exercise to help you proactively plan for future extended care needs, and to determine how that plan might be funded. Please consult your legal, tax, insurance or financial professional for assistance.