



## Long-Term Care

# Confidential Suitability Analysis

**Client 1:** \_\_\_\_\_

**Client 2:** \_\_\_\_\_

**Prepared By:** \_\_\_\_\_

**Date Prepared:** \_\_\_\_\_

**L**ong-term care insurance is not right for everyone. You should not buy long-term care insurance if you cannot afford the premiums, if you have limited assets or your only source of income is social security benefits/supplemental security income, or if you have trouble paying for utilities, food, medicine or other important needs. You should consider buying long-term care insurance if you have significant assets and income and the annual LTC premium won't diminish your quality of life. If you desire to protect your assets and income, want to remain independent from the support of others and you want freedom of choice as to the delivery of your care, then Long-Term Care Insurance is for you. Filling out this suitability questionnaire will help your financial advisor establish whether a need exists for long-term care insurance.

## Personal Suitability

**Client (1) Name**

DOB

**Client (2) Name**

DOB

Address

City

State

Zip

Phone (w)

Phone (H)

Relationship Status:  Married  Single  Domestic Partner  Family Relationship  
(Please check one)

1) Do you have children?

- If yes, where do your children live? \_\_\_\_\_
- Do your children work? Y/N

2) Have you ever known anyone who has needed long-term care?

- If yes, Please explain? \_\_\_\_\_

3) If you need long-term care, please rank your most important concerns? (1-5, 1 being the highest)

- Protect Standard of Living
- Freedom of Choice
- Protection of Assets
- Maintain Independence
- Other \_\_\_\_\_

4) If you need long term care today, how would you finance it?

- Spend Down Assets
- Income
- Medicare
- Medicaid
- Long-term care Insurance
- Other \_\_\_\_\_

5) What part of any long-term care risk would you be willing to bear?

- None, I prefer full coverage
- 10-25%
- 25-50%
- 50-75%
- 75-100%

6) If you need long term care, please rank your preference as to where you would most prefer receiving your care?

- Home
- Adult Day Care
- Assisted Living Facility
- Nursing Home

7) What geographic location do you see yourself in when you will need your long-term care?

City: \_\_\_\_\_  
State: \_\_\_\_\_  
Country: \_\_\_\_\_

## Health Suitability

**Client 1**

Height \_\_\_\_\_ Weight \_\_\_\_\_

Do you now, or have you within the past 5 years, used any tobacco products? Yes \_\_\_\_\_ No \_\_\_\_\_

List all conditions you have been treated or diagnosed with in the last 5 years

<b>Date of Diagnosis From/To</b>	<b>Medical Condition/Diagnosis</b>	<b>Name/Address/Phone# of Physician</b>
<i>November 1989 To Present</i>	<i>High Cholesterol</i>	<i>Dr. John Smith 21 Park Avenue, New York, NY 10022 (212) 555-1234</i>

Primary Physician Name: \_\_\_\_\_

Date of Last Visit: \_\_\_\_\_

List all prescriptions you have taken within the past 12 months (*see example below*):

<b>Medication Name &amp; Dosage</b>	<b>Name of Medical Condition</b>	<b>Treatment Dates From/To</b>	<b>Name/Address/Phone# of Prescribing Physician</b>
<i>Mevacor 20 mg, 1x day</i>	<i>High Cholesterol</i>	<i>1989 To Present</i>	<i>Dr. John Smith, 21 Park Avenue, New York, NY 10022 (212) 555-1234</i>

**Client 2**

Height \_\_\_\_\_ Weight\_\_\_\_\_

Do you now, or have you within the past 5 years, used any tobacco products? Yes\_\_\_\_\_ No\_\_\_\_

List all conditions you have been treated or diagnosed with in the last 5 years:

<b>Date of Diagnosis From/To</b>	<b>Medical Condition/Diagnosis</b>	<b>Name/Address/Phone# of Physician</b>
<i>November 1989 To Present</i>	<i>High Cholesterol</i>	<i>Dr. John Smith 21 Park Avenue, New York, NY 10022 (212) 555-1234</i>

Primary Physician Name: \_\_\_\_\_

Date of Last Visit: \_\_\_\_\_

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## Financial Suitability

### Client 1

Monthly Income \$ \_\_\_\_\_  
Investment Income \$ \_\_\_\_\_  
Social Security Income \$ \_\_\_\_\_  
Pension Income \$ \_\_\_\_\_  
Business Income \$ \_\_\_\_\_  
Property Income \$ \_\_\_\_\_  
Other Income \$ \_\_\_\_\_

**Total Income Client 1:** \$ \_\_\_\_\_

### Client 2

Monthly Income \$ \_\_\_\_\_  
Investment Income \$ \_\_\_\_\_  
Social Security Income \$ \_\_\_\_\_  
Pension Income \$ \_\_\_\_\_  
Business Income \$ \_\_\_\_\_  
Property Income \$ \_\_\_\_\_  
Other Income \$ \_\_\_\_\_

**Total Income Client 2:** \$ \_\_\_\_\_

### Assets

Savings \$ \_\_\_\_\_  
 Bonds \$ \_\_\_\_\_  
 Annuities (SPIA, Deferred) \$ \_\_\_\_\_  
 Stocks/Mutual Funds \$ \_\_\_\_\_  
 Retirement Accounts \$ \_\_\_\_\_  
 Life Insurance w/ Cash Value \$ \_\_\_\_\_  
 Principal Property \$ \_\_\_\_\_  
 Vacation Property \$ \_\_\_\_\_  
 Business Property \$ \_\_\_\_\_  
 Cars/Vehicles \$ \_\_\_\_\_  
 Household, Jewelry, etc. \$ \_\_\_\_\_

**Total Assets:** \$ \_\_\_\_\_

### Other Insurance currently in-force:

(Please indicate whether group or individual insurance)

Medical Insurance: \$ \_\_\_\_\_  
 Disability Insurance: \$ \_\_\_\_\_ per month  
 Life Insurance: \$ \_\_\_\_\_ Please indicate type of insurance and cash value if any  
 LTC Insurance \$ \_\_\_\_\_ daily/ monthly  
     Benefit Period \_\_\_\_\_  
     Inflation Rider \_\_\_\_\_

Nursing Home Costs in Your Area: Monthly: \$ \_\_\_\_\_ Annually: \$ \_\_\_\_\_  
 Assisted Living Costs in Your Area: Monthly: \$ \_\_\_\_\_ Annually: \$ \_\_\_\_\_  
 Home Care Costs in Your Area: Monthly: \$ \_\_\_\_\_ Annually: \$ \_\_\_\_\_

Client 1: LTC Annual Cost \$ \_\_\_\_\_ X Risk Client is willing to bear (From question #5): % \_\_\_\_\_ = Total LTC Exposure per year \$ \_\_\_\_\_ / 365 =

Client 1 Total LTC Exposure per year \$ \_\_\_\_\_ X # of years \_\_\_\_\_ you'd like to protect your assets and income for = \$ \_\_\_\_\_  
 (The average stay in a nursing home is 2.7 years)

Client 1 Pool of LTC Protection \$ \_\_\_\_\_

Client 2: LTC Annual Cost \$ \_\_\_\_\_ X Risk Client is willing to bear (From question #5): % \_\_\_\_\_ = Total LTC Exposure per year \$ \_\_\_\_\_ / 365 =

Client 2: Total LTC Exposure per year \$ \_\_\_\_\_ X # of years \_\_\_\_\_ you'd like to protect your assets and income for = \$ \_\_\_\_\_  
 (The average stay in a nursing home is 2.7 years)

Client 2 Pool of LTC Protection \$ \_\_\_\_\_

**Type of LTC Policy:**

(Please discuss with your financial advisor)

- Reimbursement
- Indemnity with Professional Caregiver
- Indemnity without Proof of Care (Cash Model)

**Next Appointment Date:** \_\_\_\_\_

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