



# LONG TERM CARE - *Planning Guide*

## 24 Questions to Help You Determine Your Need for Long Term Care Coverage

*It has been said that ...over the years ...the concerns of dying too soon have been replaced by the concerns of living too long.*

*With proper protection, you can retain the results of a lifetime of hard work, even if long term care is required.*

### Personal Assessment:

1. Is remaining independent as you get older very important to you?  
Yes  No
2. Do you live alone?  
Yes  No
3. Have several of your relatives lived past age 80?  
Yes  No
4. Do you have a family history of health problems?  
Yes  No
5. Would you prefer to receive long term care in your home?  
Yes  No

### Spousal Considerations:

**Note: If you do not have a spouse, skip to question 11.**

**If you do have a spouse, both you and your spouse need to consider:**

6. Would your spouse find it difficult to lift you, to help you bathe, to get you out of bed or dressed?  
Yes  No

7. Would your spouse experience significant emotional stress if you were suddenly unable to perform the basic Activities of Daily Living?  
Yes  No
8. Would your spouse have to undergo a drastic change in lifestyle to care for you?  
Yes  No
9. Would it be difficult for your spouse to take time from work to provide care for you?  
Yes  No
10. Would it cause substantial financial hardship for your spouse if you required long term care services?  
Yes  No

### Family Considerations:

**Note: If you have no children or other family members who would be in a position to care for you, skip to question 17.**

11. Would you feel like you were imposing on your children or other family members if they had to provide care or financial assistance for you?  
Yes  No

12. Would it cause financial hardship for your family members if they had to take time away from work to care for you?  
Yes  No
13. Would obligations to their own immediate family make it difficult for your family to care for you?  
Yes  No
14. Would your children's lifestyles change dramatically if you moved in with them?  
Yes  No
15. Would you mind having family members move in with you?  
Yes  No
16. Would you feel uncomfortable if your children had to pay the cost for your long term care?  
Yes  No

*(continued)*

## Social Assessment:

**As the elderly population increases, government programs will be strained even further.**

17. Would it bother you greatly to spend all your savings, give up other assets and have to rely on the government programs?

Yes  No

18. Would you be concerned about having only a limited say as to where you receive care and what care you would receive?

Yes  No

19. Would you find it difficult to ask neighbors and friends for daily assistance if you needed it?

Yes  No

## Personal Asset Assessment:

**You have probably been saving and investing for a lifetime, in preparation for your retirement.**

**How much have you accumulated?**

Less than \$ 50,000

\$ 50,000-\$100,000

\$100,000-\$250,000

\$250,000-\$500,000

More than \$500,000

20. Would having \$15,000 or more, taken from your assets every year for an undetermined period of time have a significant effect on your lifestyle?

Yes  No

21. Do you want to be the one to determine where you receive long term care if it becomes necessary?

Yes  No

22. Are you worried that the cost of paying for a long term illness could wipe out your life savings or seriously deplete your current or retirement income stream?

Yes  No

23. Do you feel it is important to protect yourself against this financial risk?

Yes  No

24. Do you have children or others to whom you want to leave an inheritance?

Yes  No

## Calculate Your Need for Long Term Care Insurance

1. Total the number of times you answered "Yes" to questions 1 to 24. ....

2. If you are not married, add 5 to your score. ....

3. If support from children/family is not available, add 6 to your score. ....

4. Total your score. (Add questions 1+2+3 = 4) ....

**Use the section below as a guide to your need for long term care insurance coverage.**

**More than 17** You probably have a high need for long term care coverage. You should investigate the Long Term Care Plan to ensure that you can afford to get the type of care you would like to receive.

**13 – 17** You probably have an above-average need for long term care coverage and should get information about the coverage options available.

**9 – 12** You probably have an average need for long term care coverage at this time. However, you may want to retake this quiz every couple of years to help monitor changes in your risk assessment.

**Less than 9** You probably have a below average need for long term care coverage at this time.

**Regardless of your score, take the time to consider how, where and by whom you will be cared for if you require long term care services.**

*Be prepared for your future so you can enjoy your retirement years.*

Questions? Call the LTC Plan Administrator, Johnson Inc. at

1-877-LTC-PLAN  
(1-877-582-7526)

 **Johnson Inc.**