

Financial Planning Process

LONG-TERM CARE NEEDS ANALYSIS

	Date
Desired state of residency	
Cost of Home Medical Services <i>(Does not include laundry, meal preparation and home cleaning)</i>	\$_____ Monthly OR \$_____ Annually
Cost of Private Room Facility	\$_____ Monthly OR \$_____ Annually
How long do you want to plan for Long-Term Care?	_____ Years
Do you wish to age at home or eventually transition to an Adult Care community?	<input type="checkbox"/> Age at home <input type="checkbox"/> Transition
Do you wish to self-insure for the planned cost?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which part of the household portfolio is committed?	
According to the U.S. Bureau of Labor Services, the long-term (1947-2022) Health Care inflation rate is roughly 5%. <i>*The current rate is roughly 2%.</i>	
What inflation rate do you want us to assume in calculating future costs?	_____ %
OTHER CONSIDERATIONS	
Effective Tax Rate	_____ %
RECOMMENDED NEXT STEPS	
If long-term care benefit desired started today, the cost would be \$_____. If long-term care benefit was needed for final years of life according to plan, the cost would be \$_____.	