

GOLDENCARE USA

“Specializing in Planning for Your Golden Years!”

PERSONAL and FAMILY INFORMATION

DATE / /

Name _____	<i>Drive?</i> Y N	<i>Smoke?</i> Y N	D.O.B. _____	Age _____
Spouse _____	Y N	Y N	D.O.B. _____	Age _____
Address _____			Phone _____	

1) Are you eligible for Medicare Part A & B? Y N Y N Enrolled @ 65? Y N Y N
Health Insurance (or) Medicare Supplement Information

Company? _____ Plan: _____ Price: Mr. _____ Mrs. _____

2) Five Year Medical History?

Mr. _____

Mrs: _____

Chronic Medical Conditions? Hospital? Nursing Home? Home Health Care?

3) Prescription drugs? *(include type and reason taken)* Monthly Cost? _____

Mr. _____

Mrs. _____

4) Existing Insurance Coverage:	Company	Face/Limit	Price	Mode
Life insurance? (Mr.) Y N	_____	_____	_____	_____
Life insurance?(Mrs.) Y N	_____	_____	_____	_____
Burial Plan? Y N	_____	_____	_____	_____
Other Health Ins.? Y N	_____	_____	_____	_____
Long Term Care? Y N	_____	_____	_____	_____

If no Long Term Care Insurance, why not? _____

5) Do you know anyone who has been in a nursing home for an extended period of time?

6) If you needed Long Term Care tomorrow, what would you do? _____

7) Have you ever discussed Long Term Care with your children? Y N

How would you like them to be involved if you needed care? _____

8) Are you familiar with how Medicare pays on nursing home care? Y N

STATE SUITABILITY DETERMINATION

PROPERTY

House:..... \$ _____
Business Property:..... \$ _____
Other Property/Land:..... \$ _____

MONTHLY INCOME

Social Security:..... Mr. _____ Mrs. _____ \$ _____
Pension:..... Mr. _____ Mrs. _____ \$ _____
Interest/Dividends:...(If currently using for living expenses.)..... \$ _____
Annuity/IRA:..... (If currently using for living expenses.)..... \$ _____
Property/Business Income:..... \$ _____
Wages/Salary:..... Mr. _____ Mrs. _____ \$ _____
Total:..... \$ _____

LIQUID ASSETS

C.D.'s:.....Bank: _____ Interest Rate: _____ Renewal Date: _____ \$ _____
Bonds:..... \$ _____
Stocks:..... \$ _____
Mutual Funds:..... \$ _____
Savings:..... Interest Rate: _____ \$ _____
Money Market Accounts:..... Interest Rate: _____ \$ _____
Checking:..... \$ _____
Life Insurance Cash Value:..... \$ _____
Annuities:... Company: _____ Interest Rate: _____ \$ _____

- 1) Do you have a will? Y N 2) Do you have a Trust? Y N
- 3) If one of you needed care, at a cost of \$50,000 per year, can you pay for it out of your current income?
Y N If no, how would you pay for it? _____
- 4) Is it important to you to leave an inheritance to your children or grandchildren? Y N

Suitability Disclaimer

I understand that it is the agent's responsibility to determine suitability. However, I am not comfortable disclosing this information at this time. Therefore, I relieve the agent of his/her liability by answering the following. My current net worth is: (Circle one answer)

Less than \$20,000 \$20,000 to \$50,000 \$50,000 to \$100,000
\$100,000 to \$250,000 \$250,000 to \$1,000,000 Over \$1,000,000

Signature

Signature of Spouse

NOTES:

Assets x 1.5%= _____

Income x 7%= _____

PERSONAL CHOICE

First Level of Protection - Home Health Care

“Assistance in Daily Living and Medical Services”
“Including Homemaker Benefit”
“Personal Quality Care Coordinator”

Second Level of Protection - Assisted Living Facilities

“All Levels of Care at Any Approved Facility”
“Many services that can postpone or prevent nursing home confinement”
“Includes Congregate Care Facilities, Personal Care Facilities, etc.”

Third Level of Protection - Nursing Home

“Coverage at any Licensed Nursing Facility!”
“Protection of Assets if Nursing Home is Needed!”

Company _____ Plan Options	Option 1	Option 2	Option 3
Home Care Daily Benefit:			
HHC Elimination Period:			
Assisted Living Daily Benefit:			
ALF Elimination Period:			
Nursing Home Daily Benefit:			
NH Elimination Period:			
Maximum Policy Benefit:			
Inflation Protection Option:			
Additional Option:			
Additional Option:			
Additional Option:			
Annual Premium:			
Monthly Premium			