



Date \_\_\_\_\_

Age \_\_\_\_\_

\_\_\_\_\_  
Your name

\_\_\_\_\_  
Financial advisor's name

\_\_\_\_\_  
Marital status (We encourage couples to complete the worksheet individually and compare answers.)

# Creating your extended care strategy

Taking care of your loved ones today and in the future is important to you. It's part of why you create a financial strategy. This worksheet is intended to help you gather your thoughts about what your care preferences may be, so you can communicate them with your loved ones.

## Considerations in crafting your extended care strategy:

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

\_\_\_\_\_  
\_\_\_\_\_

Do you believe you could live a long life and need help from others for your care?

Yes    No (If no, please explain) \_\_\_\_\_

## You may never require assistance or care to remain independent, but if you did, how would it affect your family or their lifestyle?

Financially: \_\_\_\_\_  
\_\_\_\_\_

Physically: \_\_\_\_\_  
\_\_\_\_\_

Emotionally: \_\_\_\_\_  
\_\_\_\_\_

## Do you know the financial costs of care? (Use the [Cost of Care Calculator found here](#)).

Where you plan to retire: \_\_\_\_\_ Years until retirement: \_\_\_\_\_

Current cost of care in the area where you will retire: \$ \_\_\_\_\_ per year

Expected costs when you need care: \$ \_\_\_\_\_ per year

## Health concerns

Do you have a family history of health conditions that concern you?    Yes    No

Do you have any current health conditions you believe could require assistance in the future?    Yes    No

## My extended care strategy

### Where would you prefer to receive care?

- Home
- Assisted living facility
- Nursing facility
- 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
- Care coordinator
- Other: \_\_\_\_\_

### Which of the following forms of financial support do you plan to provide?

- Ongoing support for spouse/partner
- Gifting/inheritances
- Legacy planning
- Charitable contributions to \_\_\_\_\_
- Other: \_\_\_\_\_

## Funding my strategy

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

- Savings/assets
- Pension
- 401K
- Health savings account (HSA)
- Annuities or life insurance
- Other: \_\_\_\_\_

### What other planning have you done?

- Final expense planning
- Health care directive
- Living will
- Power of Attorney
- Trusts
- Other: \_\_\_\_\_

### How will you pay for this strategy?

- Personal assets and income (self-funding)
- Transfer the risk to insurance
- Co-insure the risk (insurance + self-funding):  
Insurance would pay \_\_\_\_\_ %, I would pay \_\_\_\_\_ %
- I need help creating a funding plan
- Other: \_\_\_\_\_

**Do you currently have insurance to fund some or all of your extended care strategy?** Yes No

### If yes:

Type: \_\_\_\_\_ Provider: \_\_\_\_\_

Policy number(s): \_\_\_\_\_

## Next steps

Meet with my financial advisor to discuss

Communicate strategy to my family

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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