

Plan for Care

Written Plan of Care for _____ Date ____/____/____

Family / Friends to notify immediately _____

Attorney / CPA / Trustee / Other _____

Banker / Financial Advisor(s) _____

What experience do you have with any family or friends needing care?

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 need care, but if you did:

How would it affect your family? (Physically, emotionally, financially)

Any other concerns? _____

If you ever need care, would you like to:

- preserve your ability to choose
- decide now where you will receive care
- defer this decision until later
- defer this decision to someone else

Who? _____

Where would you want to receive care?

- Your home
- Your child's home
- Assisted living facility
- Nursing home facility
- Other _____

Who do you want to physically provide care?

- Your spouse
- Your child
- A professional caregiver
- Other _____

Who do you want to be responsible for coordinating your care?

- Your spouse
- Your children
- A professional care coordination service
- Other _____

How will you generate the income every month to pay for your care needs?

- 1. Which asset first? _____
- 2. Which asset next? _____
- 3. Which asset next? _____
- 4. Which asset next? _____
- 5. Which asset next? _____
- 6. Children / Family will pay for it.

What other planning have you done?

- Living will
- Health care directive
- Power of attorney
- Trust
- Other _____

My policy information

LTC

Carrier: Name, Address, Phone _____
 Policy number, Primary Beneficiary(s) _____
 Contingent Beneficiary(s) — if applicable _____

Life Policies

Carrier: Name, Address, Phone _____
 Policy number, Primary Beneficiary(s) _____
 Contingent Beneficiary(s) — if applicable _____

Annuity

Carrier: Name, Address, Phone _____
 Policy number, Primary Beneficiary(s) _____
 Contingent Beneficiary(s) — if applicable _____

Printed Name, Relationship	Signature	Date (MM/DD/YYYY)
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___

Note to Financial Professional: Please file this document in your confidential client files and do not forward to the OneAmerica home office.