

Planning for Today and Tomorrow

LONG TERM CARE PLANNING INFORMATION

(Please type or print clearly)

IDENTIFYING INFORMATION **(Include middle initials)**

Your Name		Occupation	
Nickname		Work phone #	
Street Address		Fax #	
City/State/Zip		Home phone #	
Social Security #		Cell phone #	
Date of Birth		Preferred Email	

Spouse's Name		Occupation	
Nickname		Work phone #	
Street Address		Fax #	
City/State/Zip		Home phone #	
Social Security #		Cell phone #	
Date of birth		Preferred email	

MARITAL and VETERAN STATUS

	YOU	SPOUSE
Are you/your spouse a U.S. citizen?		
Are you/your spouse a veteran?		
If you/your spouse has a deceased spouse, was he/she a veteran?		
Is this a first marriage?		
If not, are you/your spouse widowed or divorced?		
Do you/your spouse have any financial obligations arising from the dissolution of a marriage or support action? <i>If yes, please provide the court order or agreement.</i>		

Date this form was completed: ___/___/___ This form was completed by: _____

Name of person to whom our bill should be directed: _____

HEALTH INSURANCE:	You		Spouse	
	<i>Policy Name</i>	<i>Premium</i>	<i>Policy Name</i>	<i>Premium</i>
Health Insurance / Medicare				
Supplemental Health Insurance				
MassHealth				
Prescription Drug Plan				
Dental				
Long Term Care *				

Are any of the above insurance plans provided through an employer or former employer? Yes No
 * If you have a long term care insurance policy, please provide us with a copy of the policy.

HEALTH CARE FACILITY:

First date either spouse entered a nursing home: _____

If preceded by hospitalization, first date of hospitalization: _____

Has a deposit been given to an assisted living or retirement community? Yes No

If yes, to which facility? _____

TRUST:

Are either you or your spouse the grantor or beneficiary of a trust? Yes No

A "grantor" is the person who established the trust.

A "beneficiary" is someone who benefits from the trust.

If yes, please make the trust document available for review.

FUNERAL:

Do you have a prepaid funeral? Yes No Does your spouse? Yes No

MOTOR VEHICLES:

List any vehicles you or your spouse own including cars, vans, recreational vehicles, mobile homes and boats:

Make/Year	Name of Owner	Equity/Value
TOTAL		

REAL ESTATE:

List all real estate owned by either spouse.

Address	Name(s) on Deed	Assessed Value	Fair Market Value	Tax Basis *	Private septic?

Please provide copies of deeds * Generally, purchase price plus improvements

Do you receive a real estate tax exemption on any of the above properties? Yes No

If yes, please indicate which property: _____

For a married couple, itemize the following costs of your principal residence:

Rent, mortgage, condo fee \$ _____ per month

Real estate taxes \$ _____ per year

Homeowner's insurance \$ _____ per year

Do you pay for heat? Yes No Do you pay for utilities? Yes No

RETIREMENT ACCOUNTS:

List all retirement accounts including IRAs, 401(k) or 403(b) accounts, SEP plans.

Bank or Investment Company	Account Number	Owner	Beneficiary	Contingent Beneficiary	Value

Please provide copies of beneficiary designations

TOTAL

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BANK ACCOUNTS:

List each bank account other than retirement accounts (including certificates of deposit, money market, and checking), owned by you or your spouse or on which you or your spouse's name appears.

Bank	Account Number	Type of Account	Name(s) in which Account is held	Value
TOTAL				

INVESTMENT ACCOUNTS (do not include retirement accounts):

Name of Brokerage Firm or Individual Security *	# of shares *	Name(s) of Owner(s)	Tax Basis	Value
TOTAL				

* if held in a brokerage account for which you can provide statements, you do not need to fill this in

TREASURY BONDS, T-NOTES, AND SAVINGS BONDS:

Issue Date	Maturity	Name(s) of Owner(s)	Value
TOTAL			

LIFE INSURANCE:

List all **life insurance** policies owned by you and your spouse.
If there are more than 6 policies, continue on a separate sheet.

	Policy 1	Policy 2	Policy 3
Owner of Policy			
Insurance Company			
Face Value			
Cash Surrender Value			
Insured (Full Name)			
Beneficiary(s)			
Successor Beneficiary(s)			

	Policy 4	Policy 5	Policy 6
Owner of Policy			
Insurance Company			
Face Value			
Cash Surrender Value			
Insured (Full Name)			
Beneficiary(s)			
Successor Beneficiary(s)			

PERSONAL PROPERTY:

Other than household goods, clothing and jewelry, and those items listed elsewhere in this questionnaire, do you or your spouse own anything of value? Please identify.

Item	Owner	Value

GROSS INCOME:

List your **GROSS** regular monthly **income** (not income from investments). If the income is **directly deposited** to a bank account, please indicate. If you have rental income, please provide a separate list of expenses related to the rental property (i.e. taxes, utilities, insurance, etc.).

Current Gross Income:	You	Spouse	Joint	Bank
Salary, Wages				
Social Security/SSI				
Annuity				
Pension				
Trust				
Rental (net)				
Business / Other*				
SUBTOTALS				

* If there is income from the VA due to a service related disability, please fill in ____% disability rating.

FINANCIAL OBLIGATIONS:

If you and/or your spouse owe any large bills or have any outstanding loans or mortgages, please identify.

Name of Debtor	Creditor	Principal Balance

GIFTS:

Have you or your spouse made **gifts** of any money or property within five (5) years of the date of this appointment? If so, list the date, value and to whom it was given.

Date	Value of Transfer	Person Receiving Gift

CHILDREN OR SIBLINGS (Include middle initials)

Complete information about your children, *including deceased children if they are survived by children of their own.* **If no children, list information for your siblings.**

Child/Sibling # 1		Primary email address	
Street Address		Date of Birth	
City/State/Zip		Child of this marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone #		Adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone #		Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell #		Occupation	
Grandchildren and their ages (<i>please indicate with an "*" if any grandchild is disabled or receiving special education services</i>). If sibling information is provided, list full names and ages of nieces/nephews.			
Child/Sibling # 2		Primary email address	
Street Address		Date of Birth	
City/State/Zip		Child of this marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone #		Adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone #		Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell #		Occupation	
Grandchildren and their ages (<i>please indicate with an "*" if any grandchild is disabled or receiving special education services</i>). If sibling information is provided, list full names and ages of nieces/nephews.			
Child/Sibling # 3		Primary email address	
Street Address		Date of Birth	
City/State/Zip		Child of this marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone #		Adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone #		Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell #		Occupation	
Grandchildren and their ages (<i>please indicate with an "*" if any grandchild is disabled or receiving special education services</i>). If sibling information is provided, list full names and ages of nieces/nephews.			

Child/Sibling # 4		Primary email address	
Street Address		Date of Birth	
City/State/Zip		Child of this marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone #		Adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone #		Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell #		Occupation	
Grandchildren and their ages (<i>please indicate with an "*" if any grandchild is disabled or receiving special education services</i>). If sibling information is provided, list full names and ages of nieces/nephews.			

Child/Sibling # 5		Primary email address	
Street Address		Date of Birth	
City/State/Zip		Child of this marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone #		Adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone #		Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell #		Occupation	
Grandchildren and their ages (<i>please indicate with an "*" if any grandchild is disabled or receiving special education services</i>). If sibling information is provided, list full names and ages of nieces/nephews.			

Child/Sibling # 6		Primary email address	
Street Address		Date of Birth	
City/State/Zip		Child of this marriage??	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone #		Adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone #		Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell #		Occupation	
Grandchildren and their ages (<i>please indicate with an "*" if any grandchild is disabled or receiving special education services</i>). If sibling information is provided, list full names and ages of nieces/nephews.			

Any special concerns or problems relative to any of these children/grandchildren or siblings/nieces and nephews? Yes No
 If yes, please explain:

Do you have any pets? Yes No

Do you have a safe deposit box? Yes No

Questionnaire scanned