Checklist for Long-Term Care Planning

Do you understand what "Long-Term Care" means to you and your loved ones

☐ Yes ☐ No ☐ Not Sure

Which of the following documents have been drafted & executed as part of your legal framework?

☐ Durable Power of Attorney (DPOA): _____
☐ Healthcare Surrogate: _____
☐ Will/Trust – Dated: _____
☐ Living Will / Advance Directive
☐ Financial Account Access Agreement
☐ DNR Order (Physician-signed)
☐ HIPAA Authorization Form
☐ Final Arrangements
☐ Pre-Need Guardianship

What are your preferences when you need care?

☐ Home / Age In Place – Home Health Care Provided by: _____
☐ ALF, Nursing Home, Memory Care – Specific locations: _____
☐ My loved ones are aware of these preferences, and our last family meeting occurred on: _____
☐ A healthcare surrogate has been named in the executed documents listed above.

Was a HALO Assessment completed to project future care needs and the cost of care?

☐ Yes ☐ No

What plan or financial strategy do you currently have in place to provide care?

☐ Self-Funding ☐ Medicaid ☐ Friends & Family ☐ Insurance

What are the tax benefits of my current Long-Term Care Planning?

☐ Tax-Deferred (e.g., annuity-based plans)
☐ Tax-Free (e.g., benefits from qualified LTC policies)
☐ Tax-Deductible (e.g., eligible premiums or HSA use)
☐ I don't know what applies to me.

My Caregiver Support Plan includes:

☐ None of the above / Not yet established
☐ A backup or support caregiver
☐ Paying/financially supporting family
☐ Written instructions for care preferences
☐ A designated primary caregiver
☐ Access to a care coordinator or care manager
☐ Use of Caregiving services (e.g., home care agency)

Based on the personal information provided and the projected care needs identified through the HALO Assessment, the following Long-Term Care Planning solution has been reviewed:

Carrier: _____ Premium: $ _____

Plan: _____ Duration: ☐ Single-Premium ☐ 5-Pay ☐ 10-Pay ☐ 15-Pay ☐ 20-Pay ☐ Lifetime/Annual

Source: ☐ Non-Qualified ☐ Cash ☐ Qualified ☐ 1035 Exchange

This insurance-based solution is suitable and appropriate for the following reasons:

☐ It provides guaranteed tax-free benefits for qualifying LTC needs.

☐ It offers fixed, predictable premiums with no future rate increases.

☐ Protection for family caregivers by providing access to professional care coordination

☐ Preservation of other assets and income for retirement or legacy goals

☐ Alignment with preferences for care at home or in a private setting

☐ Integrates with our comprehensive financial, tax, risk management, and estate planning strategy

Review and Revision Process:

☐ My LTC Plan will be reviewed annually.

☐ My plan will be updated after major life or health events.

☐ I have scheduled my next LTC Planning review for: _____

☐ I am not sure when or how often my plan should be reviewed.

After completing this process, the plan or financial strategy to provide future care needs will be?

☐ Self-Funding ☐ Medicaid ☐ Friends & Family ☐ Insurance

By completing this Long-Term Care Planning Checklist, proactive steps have been taken to organize our preferences, prepare for potential care needs, and increase the likelihood that our wishes will be known and respected when care is needed.

Client Name: _____ (Print Name) _____ (Signature) _____ (Date)

_____ (Print Name) _____ (Signature) _____ (Date)

Advisor: _____ (Print Name) _____ (Signature) _____ (Date)