



Investment Planners, Inc.
FINRA/SIPC
IPI Wealth Management, Inc.

Long-Term Care Planning Checklist



Long-Term Care Planning Checklist

General information	Yes	No	N/A
1. Has relevant personal information been gathered? <ul style="list-style-type: none"> • Name • Date of birth • Legal state of residence • Health status, including medications being taken • Marital status • Family members available for support • Name, phone number, and address of attorney, physician, geriatric care manager or other advisor 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has financial situation been assessed? <ul style="list-style-type: none"> • Income from Social Security, pension, employment, or other source • Expenses • Assets • Liabilities 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Long-term care planning	Yes	No	N/A
1. Is the need for long-term care imminent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are assets sufficient to cover long-term care needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have ways to fund long-term care been reviewed/evaluated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If homeowner, has home equity as a use of funds been discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are long-term care insurance benefits available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have various housing options and their costs been considered? <ul style="list-style-type: none"> • In-home care • Living with a relative • Continuing care retirement community • Assisted living • Nursing home 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			

Insurance planning	Yes	No	N/A
1. Is adequate health insurance available? • Medicare • Medigap • Private health insurance • Prescription plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have Medicaid planning goals and strategies been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has Medicaid qualification criteria been discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the need for long-term care insurance been established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is long-term care insurance coverage available to the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have existing long-term care insurance policies been reviewed/evaluated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does long-term care insurance coverage need to be upgraded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do long-term care benefits need to be accessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Estate planning	Yes	No	N/A
1. Has long-term care planning been coordinated with estate planning needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have appropriate estate planning documents been prepared? • Will • Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have advanced medical directives been prepared? • Durable power of attorney • Living will • Health-care proxy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have letters of instruction been prepared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has this information been communicated to family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			

Other	Yes	No	N/A
<p>1. Has the need for organizing important documents and records been discussed?</p> <ul style="list-style-type: none"> • Bank account records (statements and passbooks) • Monthly bills to be paid • Stock certificates, bonds, and other investment records • Retirement plan statements • Real estate deeds, mortgages, and other property ownership records • Vehicle titles • Business agreements • Insurance policies • Will, trust, advanced medical directives, letters of instruction, and other documents • Birth certificate, marriage certificate, divorce decree, military service papers 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Notes:</p>			

IMPORTANT DISCLOSURES

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