securian FINANCIAL®

Long-Term Care and Chronic Illness
Individual Life Insurance

Insurance products issued by:
Minnesota Life Insurance Company

QUICK QUESTIONNAIRE

Long-term care and chronic illness

Confidential analysis

Name _____ Spouse's name _____

DOB _____ DOB _____

Primary address _____

_____

Primary phone _____ Email _____

When you imagine the later stages of your retirement, what do you see? Where are you? How is your health?

_____

_____

_____

Do you believe you could live into your 80s, 90s or even to age 100?

- ○ Yes, because _____
- ○ No, because _____

What do you see in the future that could get in the way of a comfortable retirement?

_____

_____

_____

Are you concerned about the cost of health care and how it could impact your retirement? Why or why not?

_____

_____

_____

Have any of your family members or friends needed long-term care? ○ Yes ○ No

If yes, was there anything about their experience with long-term care you would want to avoid in your own?

_____

_____

_____

If you need long-term care...

...where would you want to receive it?

- ☐ Home
- ☐ Assisted living facility
- ☐ Nursing home
- ☐ Other_____

...who would you want to provide it?

- ☐ Spouse
- ☐ Child
- ☐ Licensed professional
- ☐ Other_____

How do you plan to pay for any potential long-term care expenses?

- ☐ Medicare
- ☐ Out-of-pocket
- ☐ Medicaid
- ☐ Insurance
- ☐ Other_____

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