



Health Care/LTC Cost Assessment Fact Finder

Wholesaler name: _____ Meeting reference: _____

Report type requested: Medicare costs only Long-term care costs only Both

REPORT REQUESTED BY:		<input type="checkbox"/> BROKER/DEALER	<input type="checkbox"/> BGA	<input type="checkbox"/> IMO	<input type="checkbox"/> RIA
First Name:	Last Name:				
Firm/BGA/IMO Name:	Phone:				
Send Report To (Email):	Address (Street, City, State, Zip Code):				

Client and spouse/partner information

Couples and partners sharing a household should complete all of the fields below, even if you are planning for only one spouse or partner. The assessment considers the availability of receiving care from a spouse or partner in determining the health care and long-term care cost estimate.

	First Name	Last Name	Gender	Current Age	Retirement Age	Retirement Location(s)		
						State(s)	City* (Cities)	County
Client								
Spouse/ Partner								

Assessment questions *Check Yes or No*

If you plan to retire prior to age 65, will you need to purchase private health insurance? Yes No Yes No

CURRENT HEALTH *Assessment is not designed for persons already diagnosed with Alzheimer's, Parkinson's or other disqualifying conditions.*

Diagnosed with high blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosed with high cholesterol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosed with type 1 diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosed with type 2 diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosed with cardiovascular disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No Years since diagnosis: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Years since diagnosis: _____
Diagnosed with cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No Years since diagnosis: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Years since diagnosis: _____
Diagnosed with multiple sclerosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

LIFESTYLE & HEALTH HISTORY

Currently a tobacco user?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent on cane, walker or wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family history of diabetes or cardiovascular disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Annual income in retirement

Select the range that best fits your actual or estimated post-retirement income (not your income level before retirement.) Use your modified adjusted gross income (MAGI) and assume today's dollars. Your retirement income helps determine the cost for Medicare Parts B & D.

Married filing jointly: married couples filing a joint tax return	Individual: for single persons filing an individual tax return	
	Individual 1	Individual 2
<input type="checkbox"/> \$170,000 or less	<input type="checkbox"/>	<input type="checkbox"/> \$85,000 or less
<input type="checkbox"/> \$170,001 to \$214,000	<input type="checkbox"/>	<input type="checkbox"/> \$85,001 to \$107,000
<input type="checkbox"/> \$214,001 to \$267,000	<input type="checkbox"/>	<input type="checkbox"/> \$107,001 to \$133,500
<input type="checkbox"/> \$267,001 to \$320,000	<input type="checkbox"/>	<input type="checkbox"/> \$133,501 to \$160,000
<input type="checkbox"/> \$320,001 to \$749,999	<input type="checkbox"/>	<input type="checkbox"/> \$160,001 to \$499,999
<input type="checkbox"/> more than \$750,000	<input type="checkbox"/>	<input type="checkbox"/> more than \$500,000

Medicare coverage (select only one option)

All Medicare premiums plus additional medical costs will be used as the default option if no other option is selected. Not required for LTC-only reports.

Include Medicare parts A, B, & D plus supplemental insurance premiums and out-of-pocket expenses.	<input type="checkbox"/>
Include Medicare parts A, B & D plus supplemental insurance premiums only.	<input type="checkbox"/>
Include Medicare parts A, B & D only.	<input type="checkbox"/>

* City/metro data will be used if available, if unavailable state-wide averages will be used.



• Not a deposit • Not FDIC or NCUSIF insured • Not guaranteed by the institution • Not insured by any federal government agency • May lose value

Please keep in mind that the estimates resulting from this fact finder are for hypothetical purposes only and are not a guarantee.

The information collected on this fact finder will be kept confidential and used to provide an estimate of your potential health care costs in retirement. For more information on how Nationwide protects your personal information, visit our online privacy policy at <http://www.nationwide.com/privacy-security.jsp>.

This material is not a recommendation to buy, sell, hold or roll over any asset, adopt an investment strategy, retain a specific investment manager or use a particular account type. It does not take into account the specific investment objectives, tax and financial condition or particular needs of any specific person. Investors should work with their financial professional to discuss their specific situation.

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NFM-10987AO.11 (01/19)