



Nationwide®

Complete this form and return to the Participant Solutions Center:
INVESTNW@nationwide.com
Fax: 1-888-807-2140 • Phone: 1-866-975-6363

Health Care/LTC Cost Assessment Fact Finder

Retirement Specialist: _____ Plan Sponsor/Employer: _____
Report type requested: Medicare costs only Long-term care costs only Both

PARTICIPANT CONTACT INFORMATION		BROKER/DEALER	BGA	IMO	RIA
First Name:	Last Name:				
Email:	Phone:		Fax:		
I would like to review the Health Care/LTC Cost Assessment results with a licensed Nationwide representative:					Yes No

Client and spouse/partner information								
<i>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.</i>								
	First Name	Last Name	Gender	Current Age	Retirement Age	Retirement Location(s)		
						State(s)	City* (Cities)	County
Client								
Spouse/ Partner								

Assessment questions <i>Check Yes or No</i>	Client's response		Spouse's/partner's response	
If you plan to retire prior to age 65, will you need to purchase private health insurance?	Yes	No	Yes	No
CURRENT HEALTH <i>Assessment is not designed for persons already diagnosed with Alzheimer's, Parkinson's or other disqualifying conditions.</i>				
Diagnosed with high blood pressure?	Yes	No	Yes	No
Diagnosed with high cholesterol?	Yes	No	Yes	No
Diagnosed with type 1 diabetes?	Yes	No	Yes	No
Diagnosed with type 2 diabetes?	Yes	No	Yes	No
Diagnosed with cardiovascular disease?	Years since diagnosis:		Years since diagnosis:	
Diagnosed with cancer?	Yes	No	Yes	No
	Years since diagnosis:		Years since diagnosis:	
Diagnosed with multiple sclerosis?	Yes	No	Yes	No
LIFESTYLE & HEALTH HISTORY				
Currently a tobacco user?	Yes	No	Yes	No
Dependent on cane, walker or wheelchair?	Yes	No	Yes	No
Family history of diabetes or cardiovascular disease?	Yes	No	Yes	No

Annual income in retirement		
<i>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.</i>		
Married filing jointly: married couples filing a joint tax return	Individual: for single persons filing an individual tax return	
	Individual 1	Individual 2
\$174,000 or less	\$87,000 or less	
\$174,001 to \$218,000	\$87,001 to \$109,000	
\$218,001 to \$272,000	\$109,001 to \$136,000	
\$272,001 to \$326,000	\$136,001 to \$163,000	
\$326,001 to \$749,999	\$163,001 to \$499,999	
more than \$750,000	more than \$500,000	

Medicare coverage (select only one option)	
<i>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.</i>	
Include Medicare parts A, B, & D plus supplemental insurance premiums and out-of-pocket expenses.	
Include Medicare parts A, B & D plus supplemental insurance premiums only.	
Include Medicare parts A, B & D only.	

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



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>.

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