

Why People Need Long Term Care

Physical Assistance

- 1. Transferring**
- 2. Dressing**
- 3. Bathing**
- 4. Eating**
- 5. Toileting**
- 6. Contenance**

Intellectual Assistance Cognitive Impairments

- **Dementia/Senility**
- **Alzheimer's**
- **Parkinson's**
- **Depression**
- **Anxiety**

*LTC can be brought on by an • Accident • Illness • Aging
It's expected you'll need this type of help for 90 days or more*

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October 30, 2006

Fred Brigley
7101 W. Beadsley Rd., #2002
Glendale, AZ 85308

Dear Fred:

It was a pleasure speaking to you today. Please review the enclosed information prior to our meeting on:

+ Date: **Wednesday, November 26, 2003**
My Arrival Time: **10:00am**

As we discussed, please complete the Personal Profile questionnaire enclosed with this letter. Doing so will save time when we meet and will help me determine your health eligibility.

Long term care insurance plans are designed to meet individual needs and concerns. Cost is determined by your age at the time of application and the options you choose, i.e. inflation protection, elimination period, daily maximum, and length of protection in combination with preference for facility care and/or home care). No one can guess these things and assume what is appropriate for you. My job is to give you information to help you evaluate your long-term care risk and choose suitable insurance coverage. Jot down any questions you have and I'll be happy to address them when we meet.

Best regards

Phil Grossman, **LTCP**
Financial Services Representative
Long Term Care Coordinator

Encl: Profile Questionnaire

41. Mr. and Mrs. , I know no one ever plans on needing long-term care, but do you think that something could happen to you?

1. What prompted you to send the card in?
2. How important is your independence?
3. Do you have any health problems?
4. *Could* you see needing L TC? Why...tell me more...
5. *When* do you see yourself needing L TC?
6. What could you see as *causing* you to need L TC?
7. What's your biggest fear concerning LTC?
8. How important is home care to you?
9. What kind of care do you see you might need in the years to come?
10. What are your main concerns regarding the possibility of needing L TC?
11. Where would you prefer to go if you needed L TC?
12. Why would it be important to protect your assets?
13. What are your most important considerations when your children come to mind? Your family? Your parents? Your spouse?
14. Would you prefer to stay home if you need LTC?
15. How would you be able to bring care into your home?
16. Have you had any family experience with L TC?
17. What has been your experience with family and friends needing L TC?
18. Tell me about the people you know that have needed LTC?
19. When did your parents die? From what ? Who took care of them?
20. Were you involved in your parents care?
21. Where did your parents receive care?
22. Who would care for you if you needed care tomorrow?
23. Do you want your children to be responsible for your L TC? How do you feel about that?
24. Could one of your children care for you? Which one? Why him/her?
25. What child would you move in with ?
26. What son or daughter would take the responsibility for your care?
27. Could you see your children taking care of you? Bathing? etc.
28. Could your son/daughter give up her job to care for you?
29. Would you want to live with one of your children if you were unable to care for yourself? Would you want your daughter to have to lift you out of bed and into the bathroom to bathe you?
30. Can you be sure your spouse's/children's health won't fail before yours?
31. What would happen if you both got sick? (Husband and wife).
32. If your spouse needed care would you be able to be the care giver?
33. Since your spouse is considerably younger than you, how do you feel about them having to give up some of their pleasure, activities, or hobbies and stay home to take care of you because the cost of hired caregivers is too rough on your budget?
34. What caused your parents/friends to need care?
35. When did your parents/friends start needing care?
36. Where did your parents/friends receive care?
37. How long did your parents/friends need care?
38. How much did your parents/friends pay for care?
39. Did your parents/friends plan on any of this happening?
40. If something like that did happen to you, what would be your primary concern ?

1. Do you feel your health could change at any time? How come you feel that way?
2. Do you realize that once your health changes, you may not be able to get this coverage?
3. Who do you know that has needed LTC?
what..when..where..how long..how much..
Did they plan on any of this happening?
4. One of my worst nightmare is having to move into with my kids to have them take care of me? Are you prepared to move to live with your children? How do you feel about that?
5. What changes in their life would your children have to make if LTC became a reality for you?
6. What is your biggest concern if you need LTC tomorrow?
Is that why you would consider LTC protection?
7. What could you visualize that could happen to you to make you need LTC?
8. Do you remember when you were 18? Did 30 seem old? Did you ever think you'd be on Social Security?
9. Which one of you is more likely to need LTC? Why?
10. Have you ever seen anyone be a burden on someone else?
11. How do you feel about being dependent on each other for your LTC needs?
12. What is your current strategy to handle a long term care situation of six months or more.
13. How would that make you feel if you had a LTC situation that cost you \$40,000 or more per yr Where would the money come from to pay for your long term care?
14. Being self insured today for LTC, do you like your plan for paying for LTC.
15. How would you feel if everything you worked for had to be spend on LTC?
16. Are you concerned about outliving your money?
17. As compelling as long-term care is, why do you think that some people don't have long term care insurance?
18. Have you prepared a will? Why? Can you see that your wishes may not be perserved if you had a LTC emergency?

