



**RBC  
Insurance**

# LONG TERM CARE NEEDS ANALYSIS

PREPARED FOR : \_\_\_\_\_  
PREPARED BY : \_\_\_\_\_  
DATE : \_\_\_\_\_



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## Long Term Care Insurance Needs Analysis Questionnaire

### General Information

CLIENT

Name : \_\_\_\_\_

- Male       Female  
 Smoker     Non-smoker

Age/DOB : \_\_\_\_\_

Employer : \_\_\_\_\_

Occupation : \_\_\_\_\_

### Contact Information

Home Address : \_\_\_\_\_

Work Address : \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_

Fax No. : \_\_\_\_\_ E-mail : \_\_\_\_\_

Representative Name : \_\_\_\_\_

Plan Date : \_\_\_\_\_ Review Date : \_\_\_\_\_

### Long Term Care Insurance Needs Analysis

#### Assumptions

Health Care Costs Growth Rate: \_\_\_\_\_ %

Expected length of stay in a long term care facility: \_\_\_\_\_ Year(s)

Age at which facility care would be needed: \_\_\_\_\_

Home care required prior to entering a long term care facility: \_\_\_\_\_ Year(s)

#### Facility Care Coverage

#### Home Care Coverage

Anticipated monthly cost today: \$ \_\_\_\_\_ Anticipated monthly cost today: \$ \_\_\_\_\_

How much could you afford today? \$ \_\_\_\_\_ How much could you afford today? \$ \_\_\_\_\_

Inflation adjusted monthly cost over \_\_\_\_ Yrs (to age \_\_\_\_ ) Inflation adjusted monthly cost over \_\_\_\_ Yrs (to age \_\_\_\_ )

#### Self-Insured (Do it yourself)

Do it yourself investment rate: \_\_\_\_\_ %

Marginal Tax Rate: \_\_\_\_\_ %