

Long-Term Care Insurance Options

Prepared for

John & Jane Smith

Male Age 55 & Female Age 55

Long-Term Care Comparison

This report was created based on the following information and concerns:

- **Outliving retirement assets**
- **Rising Cost of Long-Term Care**
- **Sacrificing standard of living in retirement years**
- **My income decreasing and affecting my ability to pay for Long-Term Care Insurance**
- **Paying Premium for Long Term Care insurance and not using the benefit**
- **Long Term Care expenses diminishing the legacy I leave to my heirs**
- **Government dependency (Medicaid)**
- **Accustomed to a style of living consistent with that of others in Missouri**

Mutual of Omaha/Custom Sol. Traditional LTC	Lincoln/MoneyGuard II Long-Term Care Rider	Nationwide YourLife ULG Long-Term Care Rider
<i>Select Rates</i>	<i>Couples Discount Rates</i>	<i>Standard Rates</i>
Reimbursement \$5,000 Maximum Monthly Benefit 4 Years \$240,000 Pool of Money No Death Benefit 3% Compound Inflation 90 Day Facility Elimination Zero Day HHC Elimination Joint Waiver of Premium Shared Care Partnership Approved Non-Guaranteed Premium Lifetime Annual Premium	Reimbursement \$5,000 Maximum Monthly Benefit 4 Years \$251,018 Pool of Money \$120,000 Death Benefit 3% Compound Inflation Zero Day Facility Elimination Zero Day HHC Elimination No Waiver of Premium Return of Premium Not Partnership Approved Guaranteed Premium 10-Pay Annual Premium	Indemnity \$5,000 Maximum Monthly Benefit 50 Months \$250,000 Pool of Money \$250,000 Death Benefit No Inflation Protection 90 Day Facility Elimination 90 Day HHC Elimination No Waiver of Premium Not Partnership Approved Guaranteed Premium Annual Payments to Age 80
\$2,262 John 's Premium	\$9,696 John 's Premium	\$4,832 John 's Premium
\$3,827 Jane 's Premium	\$10,081 Jane 's Premium	\$4,101 Jane 's Premium
\$6,089 First Year Premium	\$19,777 First Year Premium	\$8,933 First Year Premium

I have reviewed this recommendation to consider Long-Term Care insurance to protect my assets and my standard of living.

- I choose to pursue this coverage.
- I choose to not pursue this insurance and will rely on my assets and family to provide for my care.

Signature(s)

Date

The comparison report is based on carrier provided information. This report is not a ledger or a contract. Although every effort was made to avoid them, inaccuracies may have occurred due to input error.

9/14/2016