



Date _____

Age _____

Your name

Financial advisor's name

Marital status (We encourage couples to complete the worksheet individually and compare answers.)

Creating your extended care written strategy

Taking care of your loved ones today and in the future is important to you. It's part of why you create a financial strategy. Thrivent believes no financial plan is complete without a written strategy for extended care. This worksheet is intended to help you gather your thoughts about what your care preferences may be, so you can communicate them with your loved ones.

Considerations in crafting your extended care strategy:

What experience, if any, have you had with any family or friends needing extended care? How did it impact the family?

What age do you project needing your retirement income to last? _____

Do you believe you could live a long life and need help from others for your care?

Yes No (If no, please explain) _____

Should you require assistance or care to remain independent, how would it affect your family or their lifestyle? Financially, physically, emotionally:

Do you know the financial costs of care? (Use the [Cost of Care Calculator found here](#)).

Where you plan to retire: _____ Years until retirement: _____

Current cost of care in the area where you will retire: \$ _____ per year

Expected costs when you need care: \$ _____ per year

Future care concerns

Do you have a family history of health conditions that concern you? Yes No

Do you foresee having a role to play financially, physically and/or emotionally in your parents' future care? Yes No

Do you have any current health conditions you believe could require assistance in the future? Yes No

Where would you prefer to receive care?

- Home
- Assisted living facility
- Nursing facility
- Other: _____

Who would you want to physically provide your care?

- Spouse
- Children
- Professional caregiver
- Other: _____

Who would you want to manage your care?

- Spouse
- Children
- Professional care coordinator
- Other: _____

Which financial obligations do you anticipate?

- Ongoing support for spouse/partner
- Gifting/inheritances
- Legacy planning
- Charitable contributions to _____
- Other: _____

What other planning have you done?

- Final expense planning
- Health care directive
- Living will
- Power of attorney
- Trusts
- Other: _____

If you needed to fund a care event tomorrow, how would you do this?

- Savings/assets
- Pension
- 401K
- Health savings account (HSA)
- Annuities or life insurance
- Other: _____

How will you pay for care-related expenses in the future?

- Personal assets and income (self-funding)
- Transfer the risk to insurance
- Co-insure the risk (insurance + self-funding):
Insurance would pay _____ %, I would pay _____ %
- I need help creating a funding plan
- Other: _____

Do you have insurance to fund potential care-related expenses? Yes No

If yes:

Type: _____ Provider: _____
 Policy number(s): _____

Next steps

- Meet with my financial advisor to discuss
- Communicate strategy to my family

Notes: _____

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