



# My Long-Term Care Plan Checklist

***Any decision regarding Long Term Care Plans is a Serious Matter.***

**This checklist is being provided by the Lieutenant Governor's Office on Aging to help you and your insurance agent provide the best plan for your needs. Please review each question with your agent to help ensure that you have selected the plan that best fits your needs**

**Who Needs Long-Term Care?** Generally, long-term care refers to assistance for a chronic physical or mental condition (condition is long term, usually for the rest of your life). Long Term Care insurance is usually triggered by the inability to handle life events that you can no longer manage for your self. There are 6 Activities of Daily Living (ADLs). Not being able to complete 2 of these 6 is usually a sign that you will need support that can be costly.

**These 6 Activities of Daily Living are:**

1. Eating
2. Bathing
3. Toileting
4. Dressing
5. Continence
6. Transferring

**Cognitive impairment** (like Alzheimer's) is a 7<sup>th</sup> condition and a trigger all by itself.

Most long-term care is provided at home. The goal of home care is to allow the individual to remain independent in the community for as long as possible. As a sickness or disability progresses, home care may become more intensive, adult day care may be needed or a move into an assisted-living facility or nursing home may become necessary. It is important that you understand that financial support from government programs will probably not be available for your needs unless you live near or below the poverty level. You may not be able to choose where you are cared for if your care is provided by Medicaid. (The federal poverty rate is defined as \$850 per person per month.)

**Please answer the questions below to ensure that you are making the best decisions regarding your long-term care (LTC). Make sure you retain a copy of this form for your records.**

What is the name of the agent and insurance company providing you LTC service?			
How did the LTC Professional contact you?	<input type="checkbox"/> Friend/Family <input type="checkbox"/> Mail <input type="checkbox"/> Phone	<input type="checkbox"/> Seminar <input type="checkbox"/> Door-to-Door <input type="checkbox"/> I contacted them	Other: _____
Is the insurance company you have chosen on a watch list monitored by the SC Lieutenant Governor's Office on Aging?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you check this list before buying this insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you read <b><u>A Shoppers Guide to Long Term Care Insurance</u></b> which is published by the Federal government and is free? It is mandatory that you receive a copy before you buy your policy.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the LTC professional hold a LTC designation that showed he/she had training in LTC insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What was it?			
If he/she did not have training how did they explain the lack of training?			
How much will your new LTC premium payment be?			

What percentage of your income will the premiums be?	
Are you confident this plan will address your LTC needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your agent explain that there are no Federal or State programs for chronic care unless you are near or below the federal poverty rate (bankruptcy)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you discuss your decision with your children and family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you consult your lawyer or CPA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this Long Term Care insurance part of a financial plan that covers all aspects of your life, not just your medical needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your Long Term Care insurance have an inflation rider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, why not?	
Did your LTC professional provide you with a written plan summary and did he/she review it with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your LTC professional tell you that the Veterans Administration does not pay for LTC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide the name and telephone number for a family member or legal representative if you become incapacitated	

**Have the Long-Term Care Professional Complete This Section**

Agent/broker Name:					
Company Name:					
Company Address:					
City:		State:		Zip:	
Phone Number:					
Email Address:					
My South Carolina License Number is:					
The LTC Plan I am offering is:					
Agent Comments:					

Agent/Broker Signature \_\_\_\_\_ Date: \_\_\_\_\_

Customer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions about the completion of this form contact the Lieutenant Governor's Office on Aging by calling 1-800-868-9095, or send your questions by e-mail to [askus@aging.sc.gov](mailto:askus@aging.sc.gov). If you have experienced a problem during this process, you may fax a completed copy of this form to (803) 734-9887.**

**A free copy of the Shoppers Guide to Long Term Care can be obtained at: [https://external-apps.naic.org/insprod/Consumer\\_info.jsp](https://external-apps.naic.org/insprod/Consumer_info.jsp)**