

Health Care Cost Assessment Fact Finder

Date: _____

Participant Contact Information			
First Name:	MI:	Last Name:	
Email:	Phone:	Fax:	
Yes, I would like to to receive information on health care costs in retirement from a licensed financial representative.			
Signature: _____		Date: _____	

Participant and Spouse/Partner Information Couples and partners sharing a household should complete all of the fields below, even if you are planning for only one spouse or partner. The assessment considers the availability of receiving care from a spouse or partner in determining the health care and long-term care cost estimate.

	First Name	Last Name	Gender	Current Age	Retirement Age	Retirement Location	
						City	State
Participant							
Spouse/ Partner							

Assessment Questions (Check Yes or No)	Participant's Response	Spouse's/Partner's Response
If you plan to retire prior to age 65, will you need to purchase private health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current health*		
Diagnosed with high blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosed with high cholesterol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosed with type 1 diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosed with type 2 diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosed with cardiovascular disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No Years since diagnosis: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Years since diagnosis: _____
Diagnosed with cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No Years since diagnosis: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Years since diagnosis: _____
Diagnosed with multiple sclerosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lifestyle & health history		
Currently a tobacco user?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent on cane, walker or wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family history of diabetes or cardiovascular disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Annual Income in Retirement — Select the range that best fits your actual or estimated post-retirement income (not your income level before retirement.) Use your modified adjusted gross income (MAGI) and assume today's dollars. Your retirement income helps determine the cost for Medicare Parts B & D. Values below are hypotheticals based on ranges of Federal standards.

Married filing jointly: for married couples filing a joint tax return	Married filing separately: for married couples filing separate tax returns		Individual: for single persons filing an individual tax return	
	Participant	Spouse/Partner	Individual 1	Individual 2
<input type="checkbox"/> \$170,000 or less	<input type="checkbox"/>	<input type="checkbox"/> \$85,000 or less	<input type="checkbox"/>	<input type="checkbox"/> \$85,000 or less
<input type="checkbox"/> \$170,001 to \$214,000	<input type="checkbox"/>	<input type="checkbox"/> \$85,001 to \$129,000	<input type="checkbox"/>	<input type="checkbox"/> \$85,001 to \$107,000
<input type="checkbox"/> \$214,001 to \$320,000	<input type="checkbox"/>	<input type="checkbox"/> more than \$129,001	<input type="checkbox"/>	<input type="checkbox"/> \$107,001 to \$160,000
<input type="checkbox"/> \$320,001 to \$428,000			<input type="checkbox"/>	<input type="checkbox"/> \$160,001 to \$214,000
<input type="checkbox"/> more than \$428,001			<input type="checkbox"/>	<input type="checkbox"/> more than \$214,001

Medicare Coverage — Choose from the following Medicare coverage options. **All Medicare premiums plus additional medical costs will be used as the default option if no other option is selected.**

Include Medicare parts A, B, & D plus supplemental insurance premiums and out-of-pocket expenses. <i>Your employer offers no retiree health care insurance or coverage. Show all costs associated with health care in retirement.</i>	<input type="checkbox"/>
Include Medicare parts A, B & D plus supplemental insurance premiums only. <i>Your employer offers no coverage and you want to see Medicare premiums for Hospitals, Doctors and Drugs and Supplemental Insurance Premiums only</i>	<input type="checkbox"/>
Include Medicare parts A, B & D only. <i>Your employer offers supplemental coverage and requires you to pay Medicare premiums for Hospitals, Doctors and Drugs.</i>	<input type="checkbox"/>
Include Medicare parts A & B only. <i>Your employer only requires the payment of Medicare Part B Premiums (for example, Tri-Care for Life).</i>	<input type="checkbox"/>

* Assessment is not designed for persons already diagnosed with Alzheimer's, Parkinson's or other disqualifying conditions.



- Not a deposit • Not FDIC or NCUSIF insured • Not guaranteed by the institution
- Not insured by any federal government agency • May lose value

The information collected on this fact finder will be kept confidential and used to provide an estimate of your potential health care costs in retirement. For more information on how Nationwide Financial protects your personal information, visit our online privacy policy at <http://www.nationwide.com/privacy-security.jsp>.

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Investing involves market risk, including possible loss of principal. The use of asset allocation and diversification as an investment strategy cannot guarantee profit or avoid loss, especially during a down market.

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