



# Health Care Assessment Fact Finder

**Client and Spouse Information** (\*Life expectancy is calculated based on actuarial data provided by Milliman and Associates. The assessment will automatically calculate the client's life expectancy age, which will be used in the assessment report unless otherwise specified on this form)

	First Name	Middle Initial	Last Name	Gender	State of Residence	Current Age	Retirement Age	Plan to Life Expectancy?*
Client								<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse (if applicable)								<input type="checkbox"/> Yes <input type="checkbox"/> No

Assessment Questions (Check Yes or No)	Client's Response	Spouse's Response (if applicable)
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 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosed with cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently or formerly a tobacco user?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received a full physical within last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exercise for at least 2 hours a week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow a healthy, well-balanced diet?	<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

**Income Level** – Estimate the modified adjusted gross income (MAGI) at retirement. This helps determine the cost of Medicare Parts B and D. Assume today's dollars.

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

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

Include all Medicare premiums plus additional medical costs.	<input type="checkbox"/>
Include Medicare Parts B and D premiums only.	<input type="checkbox"/>
Include Medicare Parts B, D and supplemental insurance premiums.	<input type="checkbox"/>

**Rates of Return** – Choose an assumed rate of return (between -5 and 10%) for both sections below.

Pre-retirement Rate of Return (7% assumed if left blank)		Retirement Rate of Return (5% assumed if left blank)	
--	--	--	--

## Investment Professional's Information

Name: Thomas J. Donahue, CFP® and Timothy B. Hamilton		
Broker/Dealer: Commonwealth Financial Network		
Email: <a href="mailto:tdonahue@pfgnc.com">tdonahue@pfgnc.com</a> and <a href="mailto:thamilton@pfgnc.com">thamilton@pfgnc.com</a>	Phone: (704) 292-2920	Fax: (704) 289-6275

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

Please remember, no product, rider, service or strategy is suitable for all clients. It is the responsibility of a registered representative of a broker/dealer to carefully consider the client's needs, objectives, risk tolerance and overall suitability before recommending any product, rider or service, or implementing any strategy. 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. The estimate is based on your specific financial situation and goals, as well as your current overall health condition. We realize that your financial situation and health conditions may change over time and that this may affect your future changes. Please keep in mind that the estimates resulting from this fact finder are for hypothetical purposes only and are not a guarantee. Securities and Advisory Services Offered Through Commonwealth Financial Network, Member FINRA/SIPC, a Registered Investment Adviser.