



Nationwide®

Complete this form and have your financial professional return it to the Insights and Solutions Planning Team.
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 Fax: 1-855-256-4220

Have questions? Call 1-877-245-0763

Health Care/LTC Cost Assessment Fact Finder

Wholesaler name: _____ Meeting reference: _____
 Report type requested: Medicare costs only Long-term care costs only Both

REPORT REQUESTED BY:	BROKER/DEALER	BGA	IMO	RIA
First Name:	Last Name:			
Firm/BGA/IMO Name:	Phone:			
Send Report To (Email):	Address (Street, City, State, ZIP Code):			

Client 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	Sex	Current Age	Retirement Age	Retirement Location(s)		
						State(s)	City* (Cities)	County
Client								
Spouse/ Partner								

Assessment questions *Check Yes or No*

Assessment questions	Client's response		Spouse's/partner's response	
If you plan to retire prior to age 65, will you need to purchase private health insurance?	Yes	No	Yes	No

CURRENT HEALTH *This assessment is not designed for persons already diagnosed with Alzheimer's, Parkinson's or other disqualifying conditions.*

Diagnosed with high blood pressure?	Yes	No	Yes	No
Diagnosed with high cholesterol?	Yes	No	Yes	No
Diagnosed with Type 1 diabetes?	Yes	No	Yes	No
Diagnosed with Type 2 diabetes?	Yes	No	Yes	No
Diagnosed with cardiovascular disease?	Yes	No	Yes	No
	Years since diagnosis:		Years since diagnosis:	
Diagnosed with cancer?	Yes	No	Yes	No
	Years since diagnosis:		Years since diagnosis:	
Diagnosed with multiple sclerosis?	Yes	No	Yes	No

LIFESTYLE AND HEALTH HISTORY

Currently a tobacco user?	Yes	No	Yes	No
Dependent on a cane, walker or wheelchair?	Yes	No	Yes	No
Family history of diabetes or cardiovascular disease?	Yes	No	Yes	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.

Married filing jointly: married couples filing a joint tax return	Individual: for single persons filing an individual tax return	
	Individual 1	Individual 2
\$206,000 or less		\$106,000 or less
\$212,001 to \$266,000		\$106,001 to \$133,000
\$266,001 to \$334,000		\$133,001 to \$167,000
\$334,001 to \$400,000		\$167,001 to \$200,000
\$400,001 to \$749,999		\$200,001 to \$499,999
\$750,000 or above		\$500,000 or above

Medicare coverage *Select only one option*

All Medicare premiums plus additional medical costs will be used as the default option if no other option is selected. Not required for LTC-only reports.

Include Medicare parts A, B and D, plus supplemental insurance premiums and out-of-pocket expenses.	
Include Medicare parts A, B and D, plus supplemental insurance premiums only.	
Include Medicare parts A, B and D only.	

* City/metro data will be used if available; otherwise, statewide averages will be used.



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

This material is not a recommendation to buy or sell a financial product or to adopt an investment strategy. Investors should discuss their specific situation with their financial professional.

Please keep in mind that the estimates resulting from this fact finder are for hypothetical purposes only and are not a guarantee.

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 protects your personal information, visit our online privacy policy at nationwide.com/privacy-security.jsp.

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