

**Nationwide®**

Complete this form and return to the Retirement Resource Group*:

INVESTNW@nationwide.com**Fax: 1-888-807-2140 • Phone: 1-800-772-2182**

Health Care/LTC Cost Assessment Fact Finder

Retirement Specialist:

Plan Sponsor/Employer:

Report type requested: ☐ Medicare costs only ☐ Long-term care costs only ☐ Both

PARTICIPANT CONTACT INFORMATION		<input type="checkbox"/> BROKER/DEALER	<input type="checkbox"/> BGA	<input type="checkbox"/> IMO	<input type="checkbox"/> RIA
First Name:	Last Name:				
Email:	Phone:	Fax:			
I would like to review the Health Care/LTC Cost Assessment results with a licensed Nationwide representative: <input type="checkbox"/> Yes <input type="checkbox"/> No					

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 ¹ (Cities)	County
Client								
Spouse/ partner								

Assessment questions (check Yes or No)	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<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 AND HEALTH HISTORY		
Currently a tobacco user?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent on a 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 and D.

Married filing jointly: For married couples filing a joint tax return	Individual: For single persons filing an individual tax return	
	Individual 1	Individual 2
<input type="checkbox"/> \$182,000 or less	<input type="checkbox"/>	<input type="checkbox"/> \$91,000 or less
<input type="checkbox"/> \$182,001 to \$228,000	<input type="checkbox"/>	<input type="checkbox"/> \$91,001 to \$114,000
<input type="checkbox"/> \$228,001 to \$284,000	<input type="checkbox"/>	<input type="checkbox"/> \$114,001 to \$142,000
<input type="checkbox"/> \$284,001 to \$340,000	<input type="checkbox"/>	<input type="checkbox"/> \$142,001 to \$170,000
<input type="checkbox"/> \$340,001 to \$749,999	<input type="checkbox"/>	<input type="checkbox"/> \$170,001 to \$499,999
<input type="checkbox"/> \$750,000 or above	<input type="checkbox"/>	<input type="checkbox"/> \$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.	<input type="checkbox"/>
Include Medicare parts A, B and D, plus supplemental insurance premiums only.	<input type="checkbox"/>
Include Medicare parts A, B and D only.	<input type="checkbox"/>

¹ City/metro data will be used, if available; if unavailable, statewide averages will be used.



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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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