CJB INSURANCE SERVICES, INC.

Plan for Care

Written plan of care for | Date: (MM) (DD) (YYYY)

Family / Friends to notify immediately

Attorney / CPA / Trustee / Other

Banker / Financial Advisor(s)

What experience do you have with any family or friends needing care?

Do you believe you could live a long life and need help from others for your care? ☐ YES ☐ NO

If no, please explain

You may never need care, but if you did: How would it affect your family? (Physically, emotionally, financially)

Any other concerns?

If you ever need care, would you like to:

- ☐ preserve your ability to choose
- ☐ decide now where you will receive care
- ☐ defer this decision until later
- ☐ defer this decision to someone else
  Who? _____

Where would you want to receive care?

- ☐ Your home
- ☐ Your child's home
- ☐ Assisted living facility
- ☐ Nursing home facility
- ☐ Other _____

Who do you want to physically provide care?

- ☐ Your spouse
- ☐ Your child
- ☐ A professional caregiver
- ☐ Other _____

Who do you want to be responsible for coordinating your care?

- ☐ Your spouse
- ☐ Your children
- ☐ A professional care coordination service
- ☐ Other _____

How will you generate the income every month to pay for your care needs?

1. Which asset first? _____

2. Which asset next? _____

3. Which asset next? _____

4. Which asset next? _____

5. Which asset next? _____

6. Children / Family will pay for it._____

What other planning have you done?

- ☐ Living will
- ☐ Health care directive
- ☐ Power of attorney
- ☐ Trust
- ☐ Other _____

My policy information

LTC

_____

Carrier: Name, Address, Phone

_____

Policy number, Primary Beneficiary(s)

_____

Contingent Beneficiary(s) — if applicable

Life Policies

_____

Carrier: Name, Address, Phone

_____

Policy number, Primary Beneficiary(s)

_____

Contingent Beneficiary(s) — if applicable

Annuity

_____

Carrier: Name, Address, Phone

_____

Policy number, Primary Beneficiary(s)

_____

Contingent Beneficiary(s) — if applicable

Printed Name, Relationship	Signature	Date (MM/DD/YYYY)
_____	_____	____|____|_____
_____	_____	____|____|_____

Note to Financial Professional: Please file this document in your confidential client files.