

**CONFIDENTIAL
LONG-TERM HEALTHCARE
QUESTIONNAIRE

FOR**

Name(s)

Date

Referred by: _____

Note: This form is extremely important. Please complete all sections before your appointment at 272 Hardie Avenue Southwest, Renton, WA 98057 on _____, 2014. Please return this completed form and a copy of all supporting written documentation, i.e. income information, investment information, life insurance information, bank statements for all financial accounts, real estate deeds and information, vehicle, boat or motorcycle information, pension or retirement income information and Veteran's Benefit information one week before your appointment. **If this form is not completed and returned before your appointment, your appointment will have to be re-scheduled.**

APPLICANT: Long-Term Healthcare Application for _____
who presently resides at the following address since _____, 20__:
Type of residence: _____

I. FAMILY INFORMATION

HUSBAND	WIFE
Name: _____	Name: _____
Employer: _____	Employer: _____
Retirement Date: _____	Retirement Date: _____
Citizenship: _____	Citizenship: _____
Birth Date: _____	Birth Date: _____
SSN: _____	SSN: _____
Driver's License: _____	Driver's License: _____

Telephone: _____	Telephone: _____
Home: _____	Home: _____
Work: _____	Work: _____
Cell: _____	Cell: _____
Email: _____	Email: _____

Address of family home: Own _____ Rent _____

County: _____
Mailing Address, if different:

II. QUESTIONS RELATED TO YOUR ESTATE PLANNING

If you have executed any of the following documents and such documents are presently in effect, please bring the originals of any of the following documents to our meeting:

- General Durable Powers of Attorney
- Health Care Directive
- Community Property Agreement
- Wills or Trusts
- Premarital Agreement.

1. Have you made accumulative annual gifts over \$11,000.00 per year to any individual?
 Yes ___ No ___.
 If gift tax returns were filed, please provide copies. If gift tax returns were not filed, please describe the gift, date of gift, fair market value, and to whom given:

2. Has either of you created a trust? Yes ___ No ___.
 If so, please provide a copy of the trust document.

3. Does either of you presently hold a power of appointment over property of another person or have either of you ever released such a power? Yes ___ No ___.
 If so, please provide a copy of the document creating the power.

4. Have you filed tax returns with the IRS or the State of Washington for the last three years?
 Yes___ No___.

5. Do you have a safety deposit box? Yes___ No___.
 If yes, where is it located? _____
 What is the box number? _____
 What names are on the card? _____

6. Have arrangements been made for the disposition of your body upon death?
 Yes___ No___ .Are they paid for? Yes___ No___ .
 Please describe the arrangements. _____

7. Are either of you a veteran? Yes___ No___ .
 If yes, did you serve in wartime? Yes___ No___ .
 Are any benefits currently being received? Yes___ No___ . If yes, please explain.

III. HEALTH INSURANCE

Medicare/Private Insurance/Medicare HMO	
Company:	_____
Address:	_____ _____
Telephone:	_____
Medicare Supplement	
Company:	_____
Address:	_____ _____
Telephone:	_____
Monthly Premium:	_____

Deduction from pension? _____
 Auto payment from bank account? _____

Long Term Care Insurance
 Company: _____
 Address: _____

 Telephone: _____
 Daily benefit: _____
 Elimination period: _____
 Is it an indemnity policy? _____

IV. PERSONAL PROPERTY
 (Includes automobiles, manufactured homes, R.V.s, Boats)

Description of Property Titled?	Value and how valued?
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. STATEMENT OF ASSETS AND LIABILITIES

<u>ASSETS</u>	<u>LIABILITIES</u>
Cash \$ _____ _____	_____
Stocks & Bonds \$ _____ _____	MORTGAGES ON REAL ESTATE \$ _____
Real Estate \$ _____ _____	CHARGE ACCOUNTS \$ _____ Credit Card Debt _____
Corporations, Partnerships or other business interests \$ _____	BANK LOANS & NOTES \$ _____

<u>OTHER ASSETS (Itemize)</u>		<u>OTHER LIABILITIES (Itemize)</u>	
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
TOTAL ASSETS:	\$ _____	TOTAL LIABILITIES:	\$ _____

NET WORTH:	\$ _____
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VI. LIFE INSURANCE

Company Name: _____ Address: _____ _____ Owner: _____ Beneficiary: _____ Contingent Beneficiary: _____	Policy #: _____ Face Value: _____ _____
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Company Name: _____ Address: _____ _____ Owner: _____ Beneficiary: _____ Contingent Beneficiary: _____	Policy #: _____ Face Value: _____ _____
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Company Name: _____ Address: _____ _____ Owner: _____ Beneficiary: _____ Contingent Beneficiary: _____	Policy #: _____ Face Value: _____ _____
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VII. RETIREMENT PLAN BENEFITS

Employer		Plan Administrator	
Name	_____	Name	_____
Address	_____	Address	_____
	_____		_____

Primary Beneficiary of Death Benefit _____

Secondary Beneficiary of Death Benefit _____

VIII. INDIVIDUAL RETIREMENT ACCOUNTS

Sponsor (Bank, Savings & Loan, Mutual Fund, Brokerage Firm, etc.)

Name _____
Address _____

Current amount in account \$ _____

Primary beneficiary of death benefit _____

Secondary beneficiary of death benefit _____

IX. DOCUMENTATION

See the attached list for documentation that will need to be attached to your application.