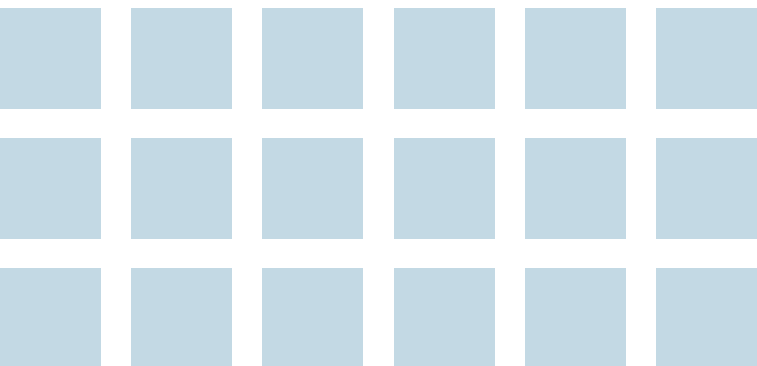


## PROTECTING YOU AND YOUR LOVED ONES

*A family workbook for diminished capacity*







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## Introduction

Planning for an older loved one's care – sometimes referred to as elder care – is a multilayered process. It includes physical, personal, and financial considerations, and involves family members, caregivers, advisors, and other advocates.

It can be difficult to talk about many of the things associated with aging – health concerns, legal issues, long-term care options, how wishes will be carried out, etc. However, when a loved one's health starts to decline, or there's a sudden medical crisis, not having a plan in place adds stress to an already difficult situation. This workbook is designed to help you start the conversation with the important people in your life, organize key information, and formulate a plan.

## Detecting the Signs

There is no single indicator that provides a consistent, clear signal that an elderly adult is functioning with diminished capacity. However, there are markers, when considered together, that may reflect it. These signs should not be taken in and of themselves to be proof of declining health. Instead, they may indicate a need for further evaluation by an independent professional if the signs are present in sufficient number and/or severity. Taking time to examine your loved one's needs helps you prioritize decisions and make changes that will improve their quality of life. Use the checklist below to start evaluating factors that affect their day-to-day health, safety, and happiness.

### Are they taking care of themselves?

- Is he or she overwhelmed keeping up with bills?
- Is the house more cluttered than usual?
- Is he or she able to grocery shop independently?
- Is he or she able to keep up with personal grooming and hygiene?
- Is the trash taken out?
- Is the mail retrieved regularly?
- Are there any new debts or unexplained payments?

### Are they forgetting things?

- Are medications being taken correctly?
- Has he or she missed appointments?
- Does he or she start a conversation and lose their train of thought partway through?
- Is he or she regularly forgetting familiar people, addresses, or phone numbers?

### Can they safely perform daily activities?

- Are important safety-related tasks being forgotten, such as turning off the stove?
- Is going up and down stairs or in and out of the home becoming difficult?
- Have dents or scratches appeared on the car?

### Have you noticed significant pattern changes?

- Is he or she more inactive or solitary than usual?
- Has he or she lost or gained weight?
- Has his or her outlook drastically changed?
- Has he or she experienced mood swings?



## The Next Steps

In addition to your own observations, these are important things to discuss with family members and other people (neighbors, friends, etc.) who spend time with your loved one. Talking about a plan now is the easiest way to ensure your loved one gets the care they need while maintaining a better quality of life. Long-term care is a complex topic; once you have an idea of the areas in which they could use assistance, your financial advisor and other professionals can help you put specific solutions in place.

Getting your loved one's documents in order is a crucial aspect of protecting their well-being. Documents such as wills and durable powers of attorney articulate their medical and financial wishes, and they must be completed when your loved one is mentally capable of making decisions. The sooner you can have these conversations, the better.

## Personal Information

### Self

Full legal name \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Email address \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth date \_\_\_\_\_

Driver's license # \_\_\_\_\_ Passport # \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor name and phone \_\_\_\_\_

### Spouse/Partner

Full legal name \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Email address \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth date \_\_\_\_\_

Driver's license # \_\_\_\_\_ Passport # \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor name and phone \_\_\_\_\_



## Important Contacts

### Financial Advisor

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

### Attorney

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

### Accountant

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

### Physician

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

### Clergy

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

### Other (Dentist, Medical Specialist, etc.)

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

### Other (Dentist, Medical Specialist, etc.)

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_



## Insurance

### Property

Agent name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Agent name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

### Medical

Agent name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Agent name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

### Life

Agent name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Agent name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_



## Personal Finances

### Bank

Bank name \_\_\_\_\_

Branch address \_\_\_\_\_

Phone \_\_\_\_\_

Checking account # \_\_\_\_\_ Savings account # \_\_\_\_\_

ATM card # \_\_\_\_\_ Safe deposit box # \_\_\_\_\_

Certificates of Deposit \_\_\_\_\_ Amount \_\_\_\_\_

Interest rate \_\_\_\_\_ Maturity \_\_\_\_\_

Bank name \_\_\_\_\_

Branch address \_\_\_\_\_

Phone \_\_\_\_\_

Checking account # \_\_\_\_\_ Savings account # \_\_\_\_\_

ATM card # \_\_\_\_\_ Safe deposit box # \_\_\_\_\_

Certificates of Deposit \_\_\_\_\_ Amount \_\_\_\_\_

Interest rate \_\_\_\_\_ Maturity \_\_\_\_\_

Bank name \_\_\_\_\_

Branch address \_\_\_\_\_

Phone \_\_\_\_\_

Checking account # \_\_\_\_\_ Savings account # \_\_\_\_\_

ATM card # \_\_\_\_\_ Safe deposit box # \_\_\_\_\_

Certificates of Deposit \_\_\_\_\_ Amount \_\_\_\_\_

Interest rate \_\_\_\_\_ Maturity \_\_\_\_\_





## Loans and Credits

Mortgage holder \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_

Second mortgage holder \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_

Home equity loan holder \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_

Car loan holder \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_

Car loan holder \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_

Miscellaneous loan holder \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_

Credit Card \_\_\_\_\_

Billing address \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_

Credit Card \_\_\_\_\_

Billing address \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_

Credit Card \_\_\_\_\_

Billing address \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_



## Document Checklist

Always keep important information together in a safe, easily accessible place. In an emergency, your family needs to be able to locate important information and documents quickly. This booklet may contain sensitive information. Please store it in a secure place with your other important documents.

### Insurance

Declaration/Cover page of:

- Life insurance policies
- Disability insurance policies
- Medical and dental insurance policies
- Health/dental insurance membership cards
- Long-term care insurance policies
- Homeowners/rental insurance policies
- Auto insurance policies
- Umbrella liability insurance policies
- Other insurance policies
- Asset appraisals

### Savings/Investment Accounts

- List and/or copies of savings bonds
- List and/or copies of stock and bond certificates

### Property

- Business buy-sell agreement
- Copy of deed for home
- Copy of deed for car(s)
- Copy of deed for other real estate
- Mortgage/loan information and/or discharge paperwork
- Auto lease agreement

### Retirement Plan

Primary and contingent beneficiary designation form for:

- IRAs
- Retirement plans (401(k), 403(b), SEP, etc.)
- Annuities
- Life insurance policies
- Non-qualified deferred compensation plans
- Qualified pension plan
- Other employer-provided plans

### Estate Planning

- Will(s)
- Durable power of attorney
- Health care proxy
- Trust document(s)
- Letter of specific bequests
- Ethical will
- Divorce agreement
- Prenuptial agreement

### Personal Data

- Birth certificate
- Social Security card
- Marriage license
- Passport
- Summary of critical medical information (including family history)
- Cemetery plot information
- Funeral instructions
- Military discharge paperwork
- Organ donor card
- Adoption agreement
- Citizenship papers





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