

# Design Your Own Plan

What % of the cost do you want to insure? (Average monthly costs are between \$3,500 and \$4,500)

- 100%       90%  
 75%       50%

What type of care would you like to cover? (80% of Long Term Care costs are delivered in the home or non nursing facilities)

- Nursing Home & Home Health Care  
 Nursing Home Only  
 Home Health Care Only

How much inflation protection do you want?

(long term care costs have been increasing over 8% a year)

- 5% Compound  
 5% Simple  
 C.P.I. Increase

How many years of benefit would you like the insurance company to pay?

- Unlimited    2 Years    3 Years  
 4 Years    5 Years    6 Years

How many months could you comfortably afford to pay the full cost of care?

- 1 Month       6 Months  
 2 Months       1 Year  
 3 Months

I want my plan to pay for treatment or services provided by non licensed or informal caregivers such as friends or family members.

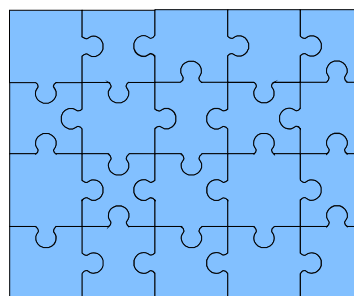
- This is a must even if it costs more  
 It is important but not essential  
 Not important

## CURRENT COVERAGE INFORMATION

Company \_\_\_\_\_  
 Daily/Monthly Benefit \_\_\_\_\_  
 Benefit Period (yrs) \_\_\_\_\_  
 Waiting Period \_\_\_\_\_  
 Inflation Option \_\_\_\_\_  
 Annual Premium \_\_\_\_\_

<i>You</i>	<i>Smoker ?</i>
Name:	
Date of Birth:	
Address:	
City:	State
Zip	
Phone:	Best Time to call:
Hospitalizations within the last 5 years? (When & What for?)	
Medications taken in the last 5 years? (What for & Dosage)	
<i>Your Spouse</i>	<i>Smoker ?</i>
Name:	
Date of Birth:	
Hospitalizations within the last 5 years? (When & What for?)	
Medications taken in the last 5 years? (What for & Dosage)	

*Want more information?  
 Fax to 817-569-8304  
 We help you solve the*



*Long Term Care puzzle*

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