

Long Term Care Insurance



La Capitale

Insurance and
Financial Services



NEEDS ANALYSIS

Presented to: _____

Prepared by: _____

Date: _____

How could being in a state of dependency affect you and your loved ones?

About you	YES	NO
<ul style="list-style-type: none"> ▪ Is it important to you to maintain your independence as you grow older? 	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> ▪ Would you find it upsetting to have to use up all of your savings and liquidate your assets, and then have to rely solely on government programs? 	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> ▪ If you were in a state of dependency, would you want to be the person who chose where to spend your convalescence and the type of care you would receive? 	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> ▪ Do you think that an extended period of dependency could have a catastrophic impact on your retirement planning? 	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> ▪ Are you planning to leave an inheritance to your children or grandchildren, or to a charity or foundation you care about? 	<input type="radio"/>	<input type="radio"/>
About your spouse and close family members	YES	NO
<ul style="list-style-type: none"> ▪ Do you think that your children are concerned about the idea of having to look after their elderly parents? 	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> ▪ If members of your family were to care for you, do you think this would affect their own obligations and that they might incur any financial loss? 	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> ▪ Would your spouse have difficulty dressing you, getting you out of bed or helping you to take a bath? 	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> ▪ Would your spouse find it difficult to cope with the psychological and financial strain? 	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> ▪ If you were to enter a state of dependency, would your spouse and family find it reassuring to be able to count on support from a care assistance program? 	<input type="radio"/>	<input type="radio"/>

Long term care needs analysis

A.	Total current monthly family expenses	<input type="text"/>	
B.	Estimated percentage of your monthly expenses you would still have to pay even if you were in a state of dependency (suggestion 75%)	<input type="text"/>	
C.	Adjusted amount of expenses during state of dependency	<input type="text"/>	A × B
D.	Monthly long term care (LTC) cost (See the Table of average monthly costs below)	<input type="text"/>	
E.	Total LTC expenses	<input type="text"/>	C + D
F.	Net monthly family income from all sources	<input type="text"/>	
G.	Monthly long term care needs (if negative, put 0)	<input type="text"/>	E – F

Average monthly cost for long term care services

AT HOME

- The government covers the cost of a certain number of hours each month and the patient pays for any extra care and services.
- On average, the number of extra hours needed per month for home care over and above the care provided by the government are:

– Nursing care, 40 hours / month at \$40 per hour ¹	\$1,600
– Personal care, 40 hours / month at \$18 per hour ²	\$720
Total:	\$2,320

IN A RESIDENTIAL FACILITY

- The cost of a single room for an individual in a state of dependency varies:

Public CHSLD ³	\$1,712
Private care facility ⁴	\$5,000

1. Hourly rate adopted in Quebec professional health federation collective agreements, April 2008

2. Average hourly rate for orderlies in Quebec, 2008

3. Régie de l'assurance maladie du Québec, 2011

4. Affaires Plus, May 2008

Proposed solution

MALE

_____ years of age	Monthly retirement income	Monthly income during a state of dependency
Current	\$ _____	\$ _____
Long Term Care Insurance \$ _____ / month / for life		
H. Monthly premium: \$: _____	\$ _____	\$ _____

FEMALE

_____ years of age	Monthly retirement income	Monthly income during a state of dependency
Current	\$ _____	\$ _____
Long Term Care Insurance \$ _____ / month / for life		
I. Monthly premium: \$ _____	\$ _____	\$ _____

J. Current budget surplus	<input type="text"/>	F - A (previous page)
K. Cost of LTC solution	<input type="text"/>	H + I

