

COVERAGE NEEDS

FACT FINDER

The most important conversations aren't always easy. Understanding your options is the first step in being prepared for a potential chronic illness. The following form will help you determine the most appropriate solution for your needs and budget. All information will be kept confidential.

1. GENERAL INFORMATION

| | First Name | Last Name | Gender | Age/DOB | Planned Retirement Age | Planned Retirement Location (state, country) |
|------------------|------------|-----------|--------|---------|------------------------|--|
| Proposed Insured | | | | | | |
| Spouse | | | | | | |

2. PERSONAL EXPERIENCE

| | |
|--|---|
| Do you currently have in force life insurance coverage? | <input type="radio"/> Yes <input type="radio"/> No If yes, amount _____ |
| Have you ever known anyone who has suffered from a chronic illness? | <input type="radio"/> Yes <input type="radio"/> No If yes, relationship _____ |
| Have you ever been a caregiver? | <input type="radio"/> Yes <input type="radio"/> No If yes, relationship _____ |
| Are you aware of the cost of care in your area? | <input type="radio"/> Yes <input type="radio"/> No |
| If you need care, do you want to remain in your home as long as possible? | <input type="radio"/> Yes <input type="radio"/> No |
| Have you determined whom you want as your caregiver? | <input type="radio"/> Yes <input type="radio"/> No |
| Is the person you want as your caregiver employed full time? | <input type="radio"/> Yes <input type="radio"/> No |
| If a family member is to be your caregiver, are they financially, emotionally, and physically able to provide adequate care? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you want to pass on a financial legacy to your family? | <input type="radio"/> Yes <input type="radio"/> No If yes, target amount _____ |



3. ELIGIBILITY

Please consider the questions below and be sure to have a conversation with your agent regarding any “yes” answers as it may impact eligibility.

- Have you ever been diagnosed with or treated for type 1 or 2 diabetes?
- Have you been recommended regular follow-up for chronic medical conditions?
- Have you ever had abnormal liver or kidney function tests?
- Have you been or are you currently receiving Social Security Disability Insurance benefits?
- Are you currently receiving or been recommended physical therapy?
- Do you need assistance with: dressing, bathing, toileting, eating, handling personal finances, transferring, taking medications, or using the phone?
- Are you prescribed handicap parking?
- Are you currently covered by Medicaid?

4. FINANCIAL RESOURCES

| | Proposed Insured | Spouse/Partner |
|--|------------------|----------------|
| Potential cost of care For assistance in determining the potential cost of care, consider using the Cost of Alzheimer’s Care Calculator . Scan the QR code below to access the Georgetown University Cost of Alzheimer’s Care Calculator. This powerful calculator can help you understand the out-of-pocket costs associated with providing care for a loved one with Alzheimer’s disease.* | | |
| - Current Chronic Illness Coverage Benefit Amount | - | - |
| - Value of Funds Set Aside for Care | - | - |
| = Total estimated chronic illness coverage need | | |

* The Georgetown University Cost of Alzheimer’s Care Calculator is for estimate purposes only. Although Alzheimer’s disease is currently the leading trigger of chronic illness claims at Transamerica, there are many types of chronic illnesses that may necessitate the need for care. Please consider all your needs and risks when estimating coverage.

Georgetown University Cost of Alzheimer’s Care Calculator



<https://alzcalc.agingwellhub.org>



The future starts today.

Once complete, send this form to the email below for a personalized quote and complete illustration at no cost.

Agent Info

Agent Name

Phone

Email

Visit: transamerica.com

Benefits provided through the critical, chronic and terminal illness accelerated death benefit riders are subject to certain limitations and exclusions. The actual benefit paid to the policy owner will be less than the amount that is accelerated because the amount is discounted to reflect early payment of the policy’s death benefit. Administrative fees per request apply. Amounts payable under the critical and chronic illness riders vary based in part on the nature and severity of the Insured’s health condition and the Insured’s remaining life expectancy at the time of the acceleration as determined by the company.

Life insurance products issued by Transamerica Life Insurance Company, Cedar Rapids, IA or Transamerica Financial Life Insurance Company, Harrison, NY. Transamerica Financial Life Insurance Company is authorized to conduct business in New York. Transamerica Life Insurance Company is authorized to conduct business in all other states. All products may not be available in all jurisdictions. Riders should not be the sole basis to purchase any life insurance policy. Benefits paid under accelerated death benefit riders, including the long term care rider, will reduce the life insurance policy’s death benefit and policy value. Consideration should be given to whether life insurance needs would still be met if rider benefits are paid out in full.