

Longevity Planning Questionnaire

By answering these questions and sending your responses to us before we meet, our team will be able to make the best use of our time together as we consider and plan for whatever services and support you need.

If any of these questions resonate with you, please complete this questionnaire and send to <u>Toni@MillstoneEvansGroup.com</u>. Thank you!

MEDICARE Are you within three years of Medicare enrollment age (65)? ____Yes ____ No Would you like help reviewing your Medicare options? This could be either for enrolling the first time or evaluating a current plan. ____Yes ____ No FINANCIAL FRAUD PROTECTION Would you like protection against financial fraud? ____Yes ____ No Would you like your friends or family to help protect your accounts against financial fraud? ____Yes ____ No Would you like to help protect an elder family member or friend's accounts against financial fraud? ____Yes ____ No YOUR LEGACY Are you interested in creating an archive to share your life and legacy with family and friends? ____Yes ____ No

Would you l legacy planr	ike to have important life details prepared for your family as a part of your ning?
Yes	_ No
INSURANCE	I and the second se
Do you curre	ently have life insurance or other forms of insurance?
Yes	_ No
Are you inte	rested in life insurance or other forms of insurance as a part of your planning?
Yes	_ No
THRIVING	
Are you inte	rested in hearing about guidance related to thriving throughout retirement?
Yes	_ No
AGING SERV	/ICES (INCLUDING HOUSING AND HEALTHCARE)
•	ike help finding home healthcare services, an assisted living facility, or other ptions for yourself or a family member?
Yes	_ No
•	ike access to a healthcare concierge to help you and your family if a health cult diagnosis occurs?
Yes	_ No
Boulder	4999 Pearl East Circle, Suite 200 // Boulder, CO 80301
Denver	1401 17th Street, Suite 300 // Denver, CO 80202
	TF 800.201.4554 F 866.522.9588 T 720.728.2801
Visit <u>www.N</u>	<u>lillstoneEvanGroup.com</u> for more information,

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