



Complete this form and return to the Participant Solutions Center:

INVESTNW@nationwide.com

Fax: 1-888-807-2140 • Phone: 1-866-975-6363

Health Care Cost Assessment Fact Finder

Date: _____

Referring Retirement Specialist: _____

Participant Contact Information

First Name: _____ MI: _____ Last Name: _____

Email: _____ Phone: _____ Fax: _____

Yes, I would like to receive information on health care costs in retirement from a licensed financial representative.

Signature: _____ Date: _____

Participant and Spouse/Partner Information Couples and partners sharing a household should complete all of the fields below, even if you are planning for only one spouse or partner. The assessment considers the availability of receiving care from a spouse or partner in determining the health care and long-term care cost estimate.

	First Name	Last Name	Gender	Current Age	Retirement Age	Retirement Location	
						City	State
Participant							
Spouse/ Partner							

Assessment Questions (Check Yes or No)

If you plan to retire prior to age 65, will you need to purchase private health insurance?

☐ Yes ☐ No☐ Yes ☐ No**Current health***

Diagnosed with high blood pressure?

☐ Yes ☐ No☐ Yes ☐ No

Diagnosed with high cholesterol?

☐ Yes ☐ No☐ Yes ☐ No

Diagnosed with type 1 diabetes?

☐ Yes ☐ No☐ Yes ☐ No

Diagnosed with type 2 diabetes?

☐ Yes ☐ No☐ Yes ☐ No

Diagnosed with cardiovascular disease?

☐ Yes ☐ No
Years since diagnosis: _____☐ Yes ☐ No
Years since diagnosis: _____

Diagnosed with cancer?

☐ Yes ☐ No
Years since diagnosis: _____☐ Yes ☐ No
Years since diagnosis: _____

Diagnosed with multiple sclerosis?

☐ Yes ☐ No☐ Yes ☐ No**Lifestyle & health history**

Currently a tobacco user?

☐ Yes ☐ No☐ Yes ☐ No

Dependent on cane, walker or wheelchair?

☐ Yes ☐ No☐ Yes ☐ No

Family history of diabetes or cardiovascular disease?

☐ Yes ☐ No☐ Yes ☐ No**Annual Income in Retirement** — Select the range that best fits your actual or estimated post-retirement income (not your income level before retirement.) Use your modified adjusted gross income (MAGI) and assume today's dollars. Your retirement income helps determine the cost for Medicare Parts B & D. Values below are hypotheticals based on ranges of Federal standards.

Married filing jointly: for married couples filing a joint tax return	Married filing separately: for married couples filing separate tax returns		Individual: for single persons filing an individual tax return	
	Participant	Spouse/Partner	Individual 1	Individual 2
☐ \$170,000 or less	☐	☐ \$85,000 or less	☐	☐ \$85,000 or less
☐ \$170,001 to \$214,000	☐	☐ \$85,001 to \$129,000	☐	☐ \$85,001 to \$107,000
☐ \$214,001 to \$320,000	☐	☐ more than \$129,001	☐	☐ \$107,001 to \$160,000
☐ \$320,001 to \$428,000			☐	☐ \$160,001 to \$214,000
☐ more than \$428,001			☐	☐ more than \$214,001

Medicare Coverage — Choose from the following Medicare coverage options. **All Medicare premiums plus additional medical costs will be used as the default option if no other option is selected.**

Include Medicare parts A, B, & D plus supplemental insurance premiums and out-of-pocket expenses. <i>Your employer offers no retiree health care insurance or coverage. Show all costs associated with health care in retirement.</i>	☐
Include Medicare parts A, B & D plus supplemental insurance premiums only. <i>Your employer offers no coverage and you want to see Medicare premiums for Hospitals, Doctors and Drugs and Supplemental Insurance Premiums only</i>	☐
Include Medicare parts A, B & D only. <i>Your employer offers supplemental coverage and requires you to pay Medicare premiums for Hospitals, Doctors and Drugs.</i>	☐
Include Medicare parts A & B only. <i>Your employer only requires the payment of Medicare Part B Premiums (for example, Tri-Care for Life).</i>	☐

* Assessment is not designed for persons already diagnosed with Alzheimer's, Parkinson's or other disqualifying conditions.



The information collected on this fact finder will be kept confidential and used to provide an estimate of your potential health care costs in retirement. For more information on how Nationwide Financial protects your personal information, visit our online privacy policy at <http://www.nationwide.com/privacy-security.jsp>.

Participant Solutions Center securities are offered through Nationwide Securities, LLC, P.O. Box 183137, Columbus, OH 43218, 888-753-7364, member FINRA, SIPC. Nationwide Securities, LLC is an affiliate of Nationwide Retirement Solutions, Inc. The products and services offered by Nationwide Securities, LLC are separate and distinct from the plan administration services that are provided by Nationwide Retirement Solutions, Inc.

Please remember, no product, rider, service or strategy is suitable for all clients. It is the responsibility of a registered representative of a broker/dealer to carefully consider the client's needs, objectives, risk tolerance and overall suitability before recommending any product, rider or service, or implementing any strategy. The estimate is based on your specific financial situation and goals, as well as your current overall health condition. We realize that your financial situation and health conditions may change over time and that this may affect your future changes. Please keep in mind that the estimates resulting from this fact finder are for hypothetical purposes only and are not a guarantee.

Investing involves market risk, including possible loss of principal. The use of asset allocation and diversification as an investment strategy cannot guarantee profit or avoid loss, especially during a down market.

Securities offered through Nationwide Securities, LLC, P.O. Box 183137, Columbus, OH 43218, (888) 753-7364, member FINRA, SIPC. Nationwide Securities, LLC is an affiliate of Nationwide Retirement Solutions, Inc. The products and services offered by Nationwide Securities, LLC are separate and distinct from the plan administration services that are provided by.

Nationwide and the Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company. © 2016 Nationwide.

NRM-9971M1.3 (01/16)