



HOME HEALTH CARE QUESTIONNAIRE

The following questions are asked only to help us better understand your family history and concerns that you may have in the event you need recovery care, allowing us to make an educated recommendation.

1. In the event you were to get sick or accidentally fall and be injured and require daily care. Would you **want to receive your care** at Home, in an assisted living or nursing home? Explain _____
2. Have you ever had to help care for a family member or loved one? Yes / No What type of care did they require and **for how long each day?** _____
3. Would you want your spouse and children to be your? **Care Giver or the Care Manager?**
4. If you were to slip and fall, have a mild stroke, heart attack or battle cancer, **who** would take care of you and describe how that might **impact their daily life?** _____
5. Is your spouse or children **physically able** to lift you out of the bathtub, bed and do they have medical training? Yes / No
6. Who would take care of you, while your loved ones took care of their children, ran errands, went to work or did the weekly shopping ? _____
7. Would having a plan in place that allowed for family members to be the Care Managers give you better peace of mind? Yes / No
8. Has anyone explained the New Home Health Care Plan with premium prescription reimbursement? Yes / No
9. Now I have a better understanding about your recovery care concerns. Let me explain how a Home Health Care Plan will allow your loved ones to **be the care managers and not the caregivers**. Let's see how much you qualify for in prescription reimbursement which will help cover the home health care plan monthly premiums.

HOW THE PREMIUM PRESCRIPTION DRUG REIMBURSEMENT WORKS

\$10 Generic Reimbursement	\$10 Generic Reimbursement	\$10 Generic Reimbursement
\$25 Brand Reimbursement	\$25 Brand Reimbursement	\$25 Brand Reimbursement
*Total \$300 Drug Reimbursement	*Total \$600 Drug Reimbursement	*Total \$600 Drug Reimbursement

Choose the Peace of Mind Plan that best fits your needs

<u>Peace of Mind- Bronze</u>	<u>Peace of Mind- Silver</u>	<u>Peace of Mind- Gold</u>
Up to 9.5 Hours Daily x 1 Year	Up to 19 Hours Daily x 1 Year	Up to 24 Hours Daily x 1 Year
*Day 1 coverage	*Day 1 coverage	*Day 1 coverage
\$40 Per Day Home Aide	\$80 Per Day Home Aide	\$120 Per Day Home Aide
Up to \$150 Per Day Home Benefit	Up to \$300 Per Day Home Benefit	Up to \$450 Per Day Home Benefit
6 Month Restoration Benefit	6 Month Restoration Benefit	6 Month Restoration Benefit
*Total \$54,000 of Home Care	* Total \$108,000 of Home Care	*Total \$162,000 of Home Care
\$ _____ Monthly Premium	\$ _____ Monthly Premium	\$ _____ Monthly Premium

Client name: _____ Address: _____ phone: _____ Agent name: _____