

WHAT'S HAPPENING IN WA?

PRESENTERS: ANDY WAYT & DAVID THESING

[Home](#)

[About the WA Cares Fund](#)

[Why WA Cares?](#)

[WA Cares Benefits](#)

[Earning Your Benefits](#)

[Applying for Benefits](#)

[Self-Employed Opt-In](#)

[Exemptions](#)

[Employer Information](#)

[Join Our Mailing List](#)

[Learn More](#)

[Contact Us](#)



WA CARES FUND

Ensuring all Washingtonians have access to affordable long-term care when they need it.

A BOLD STEP

The Washington State Legislature established a long-term care insurance benefit for all eligible workers to address the future long-term care crisis.

[Home](#)

[About the WA Cares Fund](#)

[Why WA Cares?](#)

[WA Cares Benefits](#)

[Earning Your Benefits](#)

[Applying for Benefits](#)

[Self-Employed Opt-In](#)

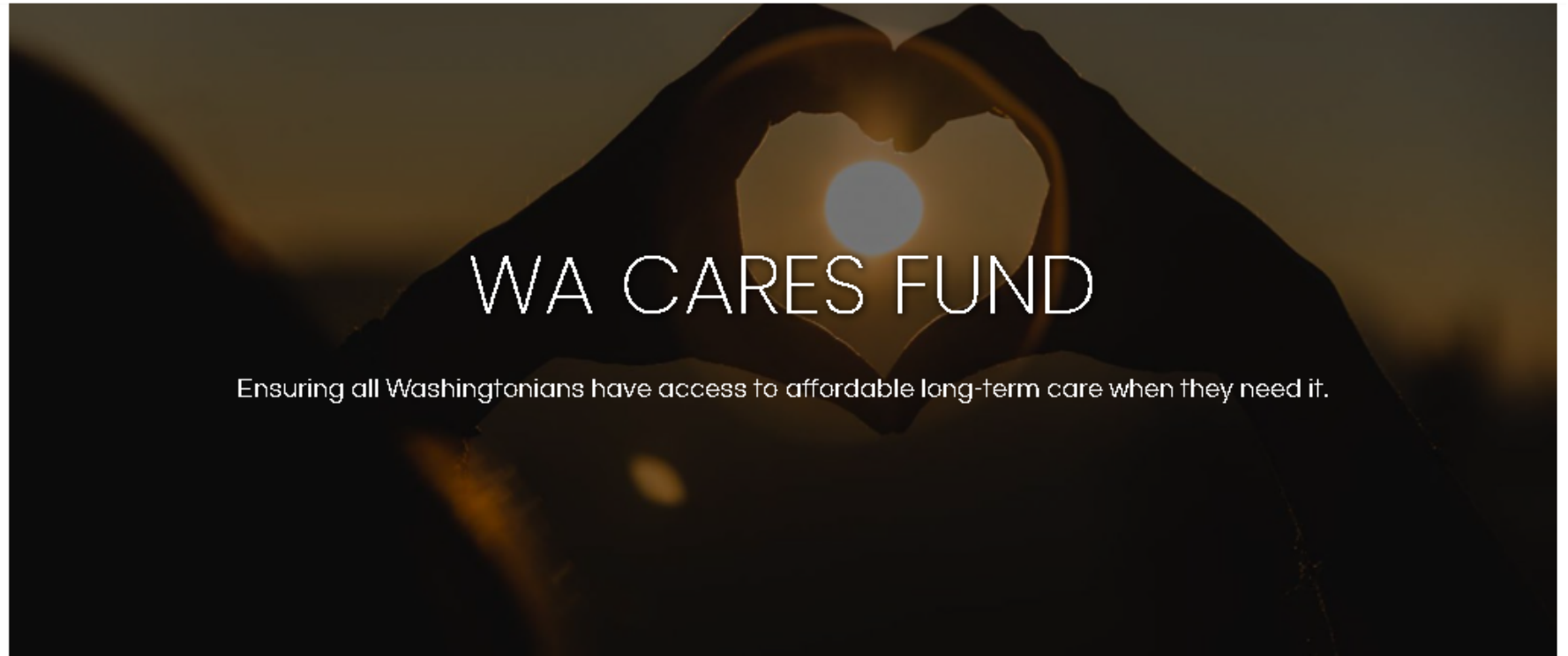
[Exemptions](#)

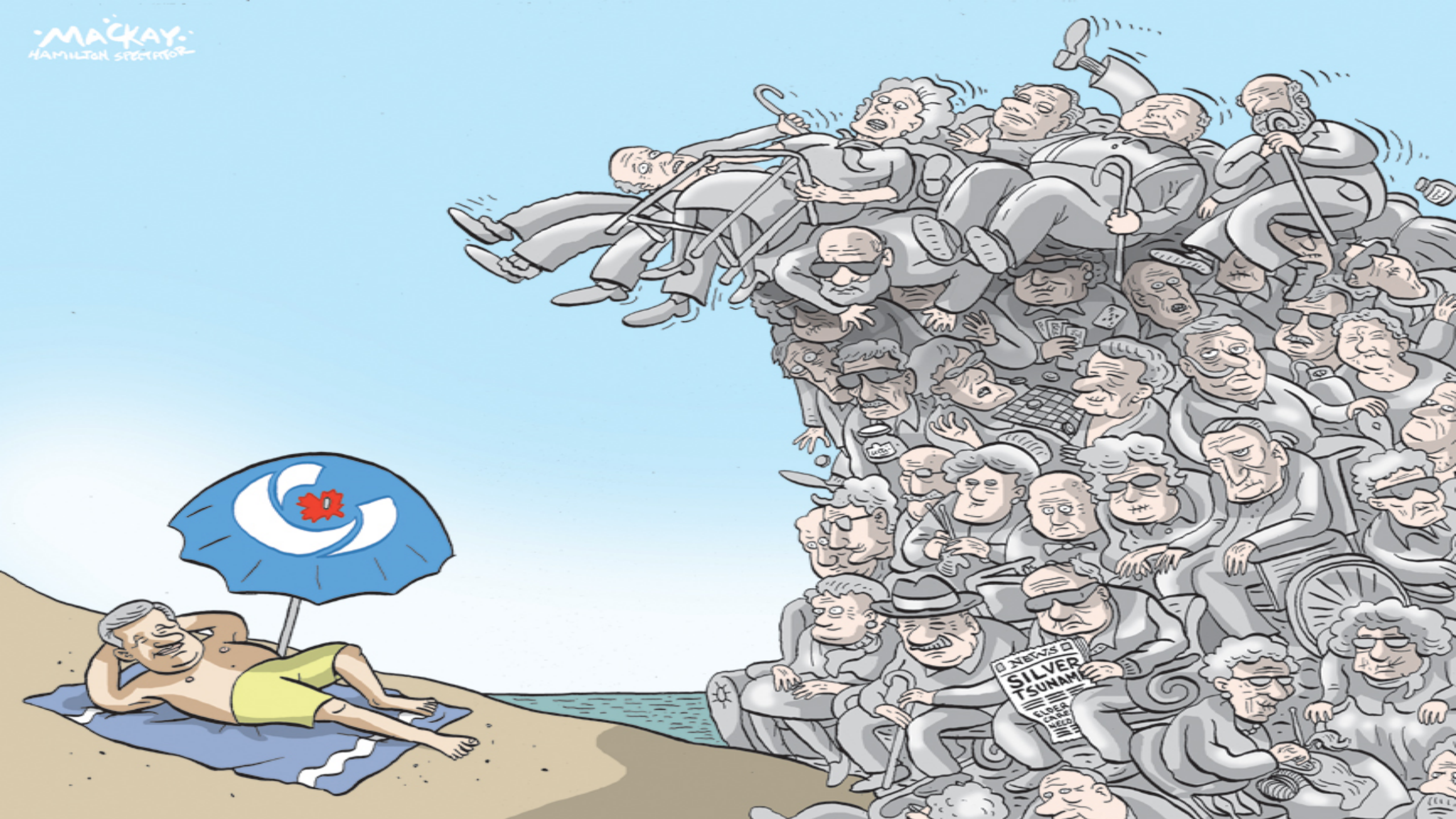
[Employer Information](#)

[Join Our Mailing List](#)

[Learn More](#)

[Contact Us](#)





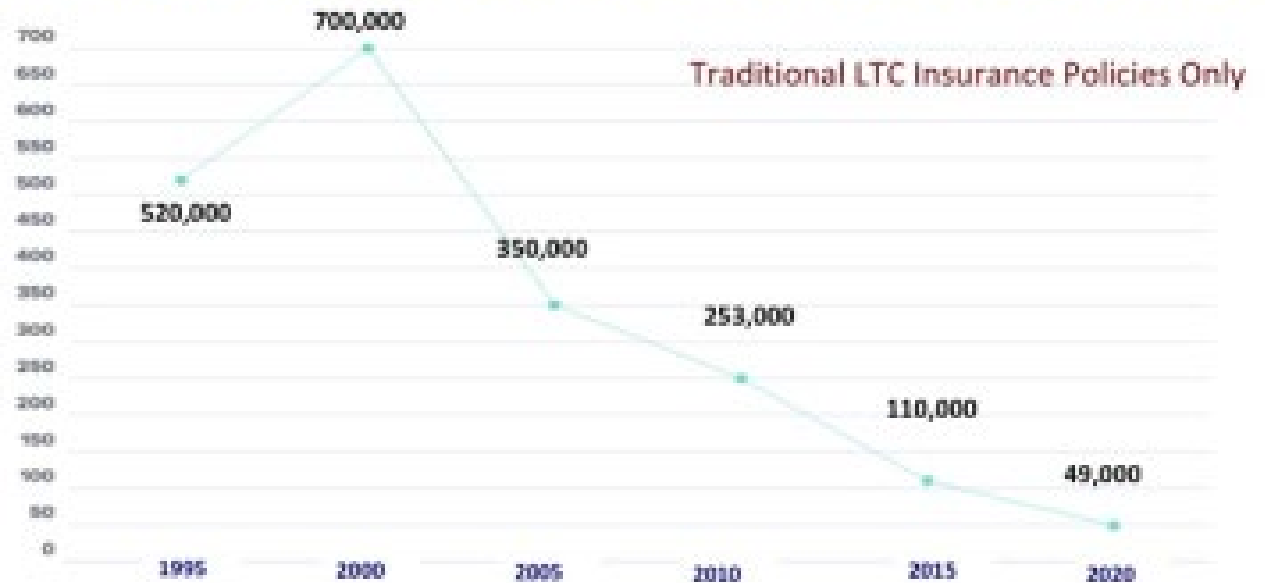
Key Considerations

- Why would clients buy?
- Why would you offer it?
- What is the alternative?



Market
Demand

American Association for Long-Term Care Insurance Long-Term Care Insurance New Policy Sales

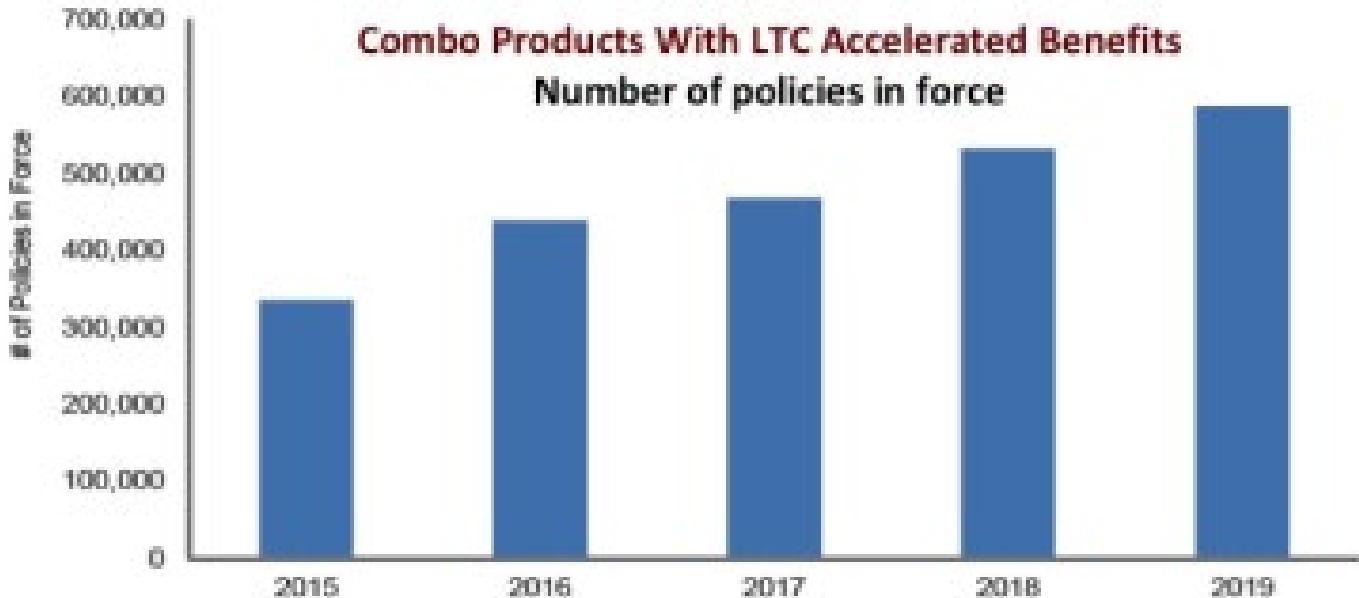


Source: American Association for Long-Term Care Insurance, June 2021. Numbers rounded.

See Latest LTC Data – Facts – Costs
www.AALTCI.org / LTCFacts-2021

American Association for Long-Term Care Insurance
Life & Annuity Products With LTC

of Policies
332,667,585 Pop
.18% of Pop



Source: AM Best data and research, reprinted with permission, published 01/07/2021

See Latest LTC Data – Facts – Costs
www.AALTCI.org / LTCFacts-2021

Why was the
Cares Fund
passed?



Based on our best estimates, the 2021 reports show:

- The Old-Age and Survivors Insurance (OASI) Trust Fund, which pays retirement and survivors benefits, will be able to pay scheduled benefits on a timely basis until 2033, one year earlier than reported last year. At that time, the fund's reserves will become depleted and continuing tax income will be sufficient to pay 76 percent of scheduled benefits.
- The Disability Insurance (DI) Trust Fund, which pays disability benefits, will be able to pay scheduled benefits until 2057, 8 years earlier than in last year's report. At that time, the fund's reserves will become depleted and continuing tax income will be sufficient to pay 91 percent of scheduled benefits.
- The OASI and DI funds are separate entities under law. The report also presents information that combines the reserves of these two funds in order to illustrate the actuarial status of the Social Security program as a whole. The hypothetical combined OASI and DI funds would be able to pay scheduled benefits on a timely basis until 2034, one year earlier than reported last year. At that time, the combined funds' reserves will become depleted and continuing tax income will be sufficient to pay 78 percent of scheduled benefits.
- The Hospital Insurance (HI) Trust Fund, or Medicare Part A, which helps pay for services such as inpatient hospital care, will be able to pay scheduled benefits until 2026, the same year as reported last year. At that time, the fund's reserves will become depleted and continuing total program income will be sufficient to pay 91 percent of total scheduled benefits.
- The Supplemental Medical Insurance (SMI) Trust Fund has two accounts: Part B, which helps pay for services such as physician and outpatient hospital care, and Part D, which covers prescription drug benefits. SMI is adequately financed into the indefinite future because current law provides financing from general revenues and beneficiary premiums each year to meet the next year's expected costs. Due to these funding provisions and the rapid growth of its costs, SMI will place steadily increasing demands on both taxpayers and beneficiaries.

Emotional & Social Burdens

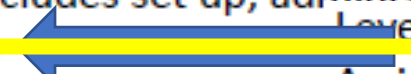
- Who wants to tell their story?



Optional Services on fee basis:

- Medication Management – includes set up, administration up to four (4) times daily and nurse monitoring services (4 points) Level of Care A - \$815.00
- Medication Management - includes set up, administration and nurse monitoring services (5 points) Assistance with 1-5 points of Optional Services of Daily Living. Level of Care B - \$1125.00
- Daily insulin administration via insulin pen (3 points) Assistance with 6-7 points of Optional Services of Daily Living. Level of Care C - \$1430.00
- Daily physical assistance with dressing one person Assistance with 8-10 points of Optional Services of Daily Living. Level of Care D - \$1640.00
- Daily physical assistance with dressing two persons Assistance with 11-12 points of Optional Services of Daily Living. Level of Care E - \$1940.00
- Daily physical assistance with grooming (2 points) Assistance with 13-15 points of Optional Services of Daily Living. Level of Care F - \$2340.00
- Specialized oral care preparation (2 point) Assistance with 18-20 points of Optional Services of Daily Living. Level of Care G - \$3340.00
- 1 person transfer assistance (2 points)
- 1 person ambulating assistance (2 points)
- 2 person transfer assistance (3 points)
- 2 person ambulating assistance (3 points)
- Mechanical lift assistance (2 points)
- Physical assistance with toileting one person (2 points)
- Physical assistance with toileting two persons (5 point)
- Incontinence assistance/toileting schedules (2 points)
- Assist with monitoring of glucose once per day (1 point)
- Blood pressure, pulse and weight checks once per day (1 point)
- Assist with monitoring of glucose more than once per day (3 points)
- Blood pressure, pulse, or weight more than once per day (2 point)
- Assist with Teds Stockings (1 point)
- Assist with Jobst stockings (2 points)
- Assist with Oxygen (4 point)
- Attendant monitoring service – regular room checks throughout 24-hour period up to 4 times (2 points)

\$5,805



| | | Cost Of Care | | | | | |
|-----------------------------------|--|----------------------------|--------------------------|------------------------|----------------------|--|--|
| | | In Home Skilled Nursing | Base Care Per Person | Medium Care Per Person | Max. Care Per Person | | |
| | | (2vts/wk) | \$ Per Month | \$ Per Month | \$ Per Month | | |
| Home Health Aid | | \$2,000.00 | \$0.00 | \$0.00 | \$0.00 | | |
| \$6,244.00 | | | | | | | |
| Assets (\$K) | | | Liabilities (\$K) | | | | |
| Savings & Investments (Projected) | | Current Expenses | \$266.2 | \$266.2 | \$266.2 | | |
| Tax Exempt Savings | | Item | Base Care | Medium Care | Max Care | | |
| \$900.00 | | Food | \$1,500.00 | \$1,500.00 | \$1,500.00 | | |
| | | Car | \$300.00 | \$300.00 | \$300.00 | | |
| | | Health Insurance | \$533.00 | \$533.00 | \$533.00 | | |
| | | Other | \$0.00 | \$0.00 | \$2,000.00 | | |
| | | | \$0.00 | \$0.00 | \$0.00 | | |
| | | | \$333.00 | \$333.00 | \$4,333.00 | | |
| | | | \$0.00 | \$0.00 | \$0.00 | | |
| | | Current Monthly Costs | \$910.00 | \$910.00 | \$16,910.00 | | |
| | | Current Monthly Costs | \$577.00 | \$577.00 | \$10,577.00 | | |
| | | Monthly Deficit | \$12,577.00 | \$12,577.00 | \$12,577.00 | | |
| Total Net Worth = | | Projected Care Costs For 1 | \$16,480.94 | \$16,480.94 | \$16,480.94 | | |
| What if Net Worth = | | Projected Care Costs For 1 | \$16,480.94 | \$16,480.94 | \$16,480.94 | | |

Projected Net Value For Date Long Term Care (LTC) Starts

Assets (\$K)

Liabilities (\$K)

Savings & Investments (Projected) = Current Expenses \$266.2 \$266.2 \$266.2

Tax Exempt Savings Lasts

(In Years) 4.2

4.2

\$900.00

4.2

Total Net Worth = \$1,380.00 What if Net Worth =

Cost – What Constitutes Wages?

Based on the proposed regulations, all of the following are deemed to be wages subject to withholdings; however, may be subject to change once the final regulations are issued:

- Salary or hourly wages;
- Cash value of goods or services given in the place of money;
- Commissions or piecework;
- Bonuses;
- Cash value of gifts or prizes;
- Cash value of meals and lodging when given as compensation;
- Holiday pay; Paid time off, including vacation leave and sick leave, as well as associated cash outs *(except for supplemental benefit payments provided by the employer)*;
- Separation pay including, but not limited to, severance pay, termination pay, and wages in lieu of notice;
- Value of stocks at the time of transfer to the employee if given as part of a compensation package;
- Compensation for use of specialty equipment, performance of special duties, or working particular shifts; and
- Stipends / per diems unless provided to cover a past or future cost incurred by the employee as a result of the performance of the employee's expected job functions.

LTC Claim Data

American Association for Long-Term Care Insurance Long-Term Care Insurance Claims Paid

LTC Insurance Claims Paid
Benefits Paid Out During The Calendar Year(s) Indicated



Source: American Association for Long-Term Care Insurance (AALTCI.org) Report, January 2021

See Latest LTC Data - Facts - Costs
www.AALTCI.org / LTCFacts-2021

Monthly Median Cost

- In-Home Care
- Homemaker Services¹
- Home Health Aide¹

| Category | Monthly Median Cost |
|---------------------------------|---------------------|
| In-Home Care | \$7,756 |
| Homemaker Services ¹ | \$8,821 |
| Home Health Aide ¹ | |

Cares Fund Benefits

- \$36,500 of LIFETIME LTC benefit
- .58% of all earned wages while working
- 3 of 10 Activities of Daily Living (ADL's)
- 10-year vesting except 3 of 6 if needing care
- Benefits MUST be received in WA

Estimated Future Cost of Long-Term Care Services

Assuming daily long-term care costs of \$300 and an annual inflation rate of 3 %, the estimated future costs of long-term care services beginning in 31 years are:

| Year | Andrea 's Age | Estimated Daily Long-Term Care Costs | Estimated Annual Long-Term Care Costs |
|------|---------------|--------------------------------------|---------------------------------------|
| 31 | 85 | 750 | 273,759 |
| 32 | 86 | 773 | 281,972 |
| 33 | 87 | 796 | 290,431 |

Future estimated long-term care costs for 3 years: \$846,161

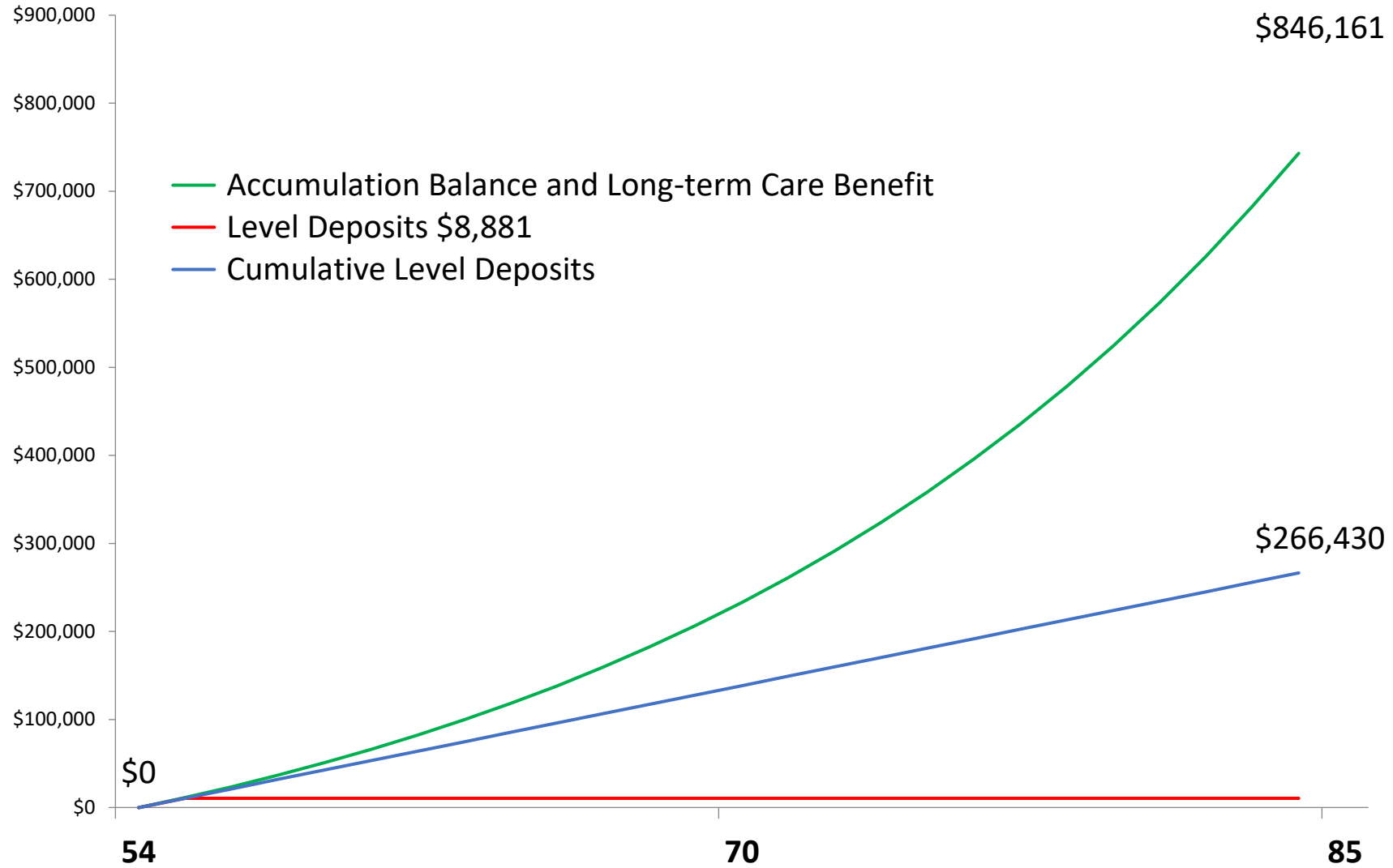
Value of current long-term care savings in 31 years
at 6 % net after-tax return:

- \$0

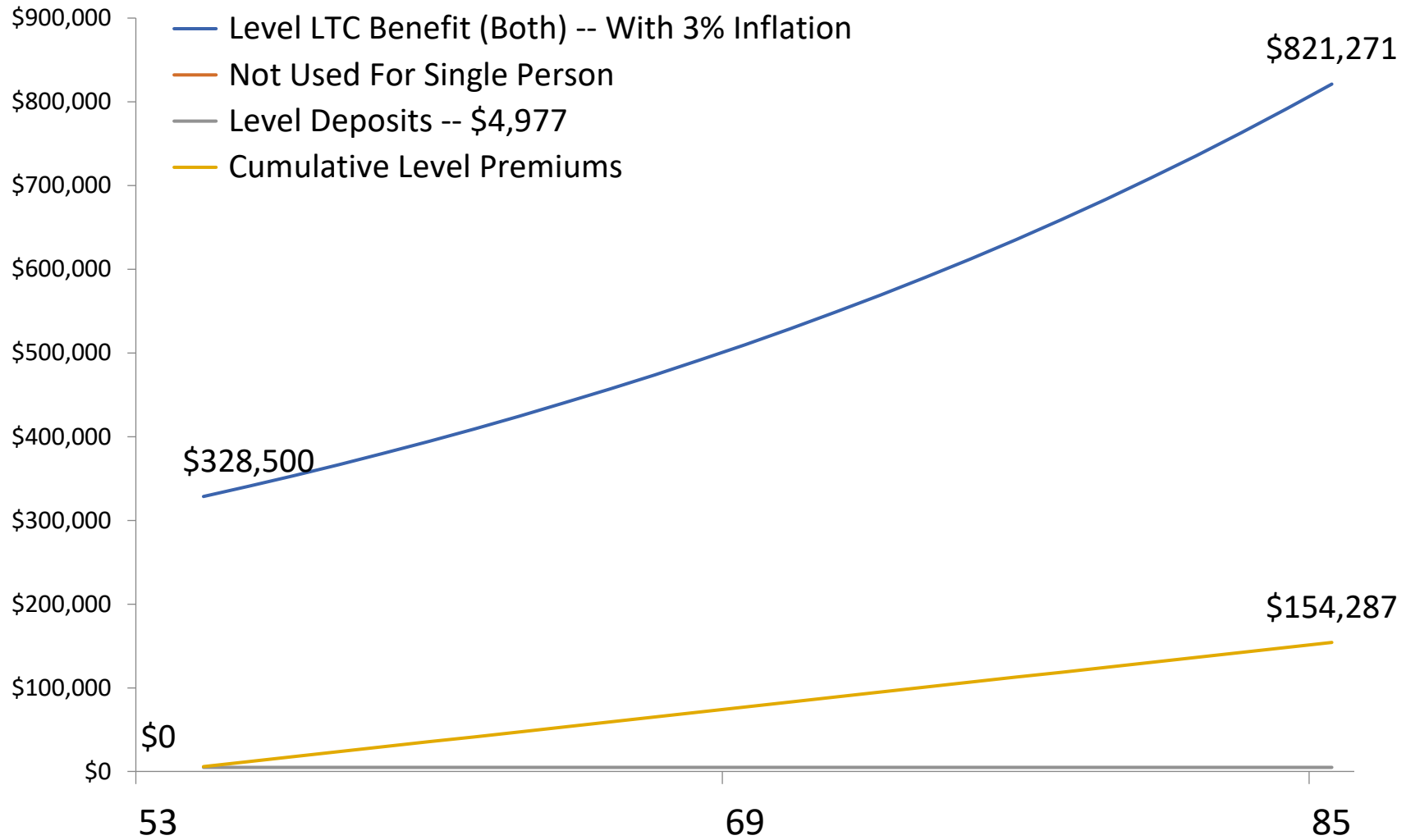
Future unfunded long-term care costs in 31 years:

\$846,161

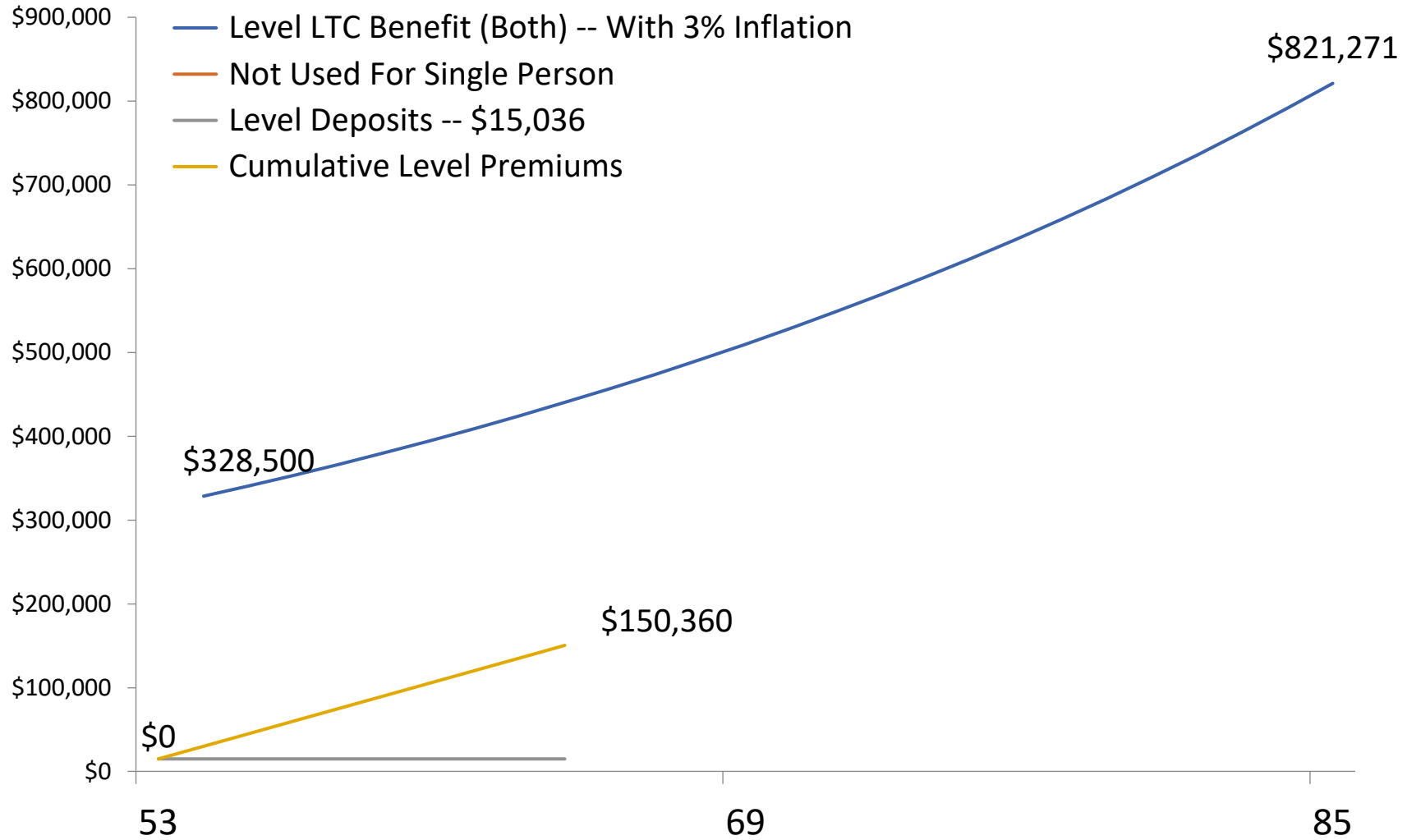
Self Funding



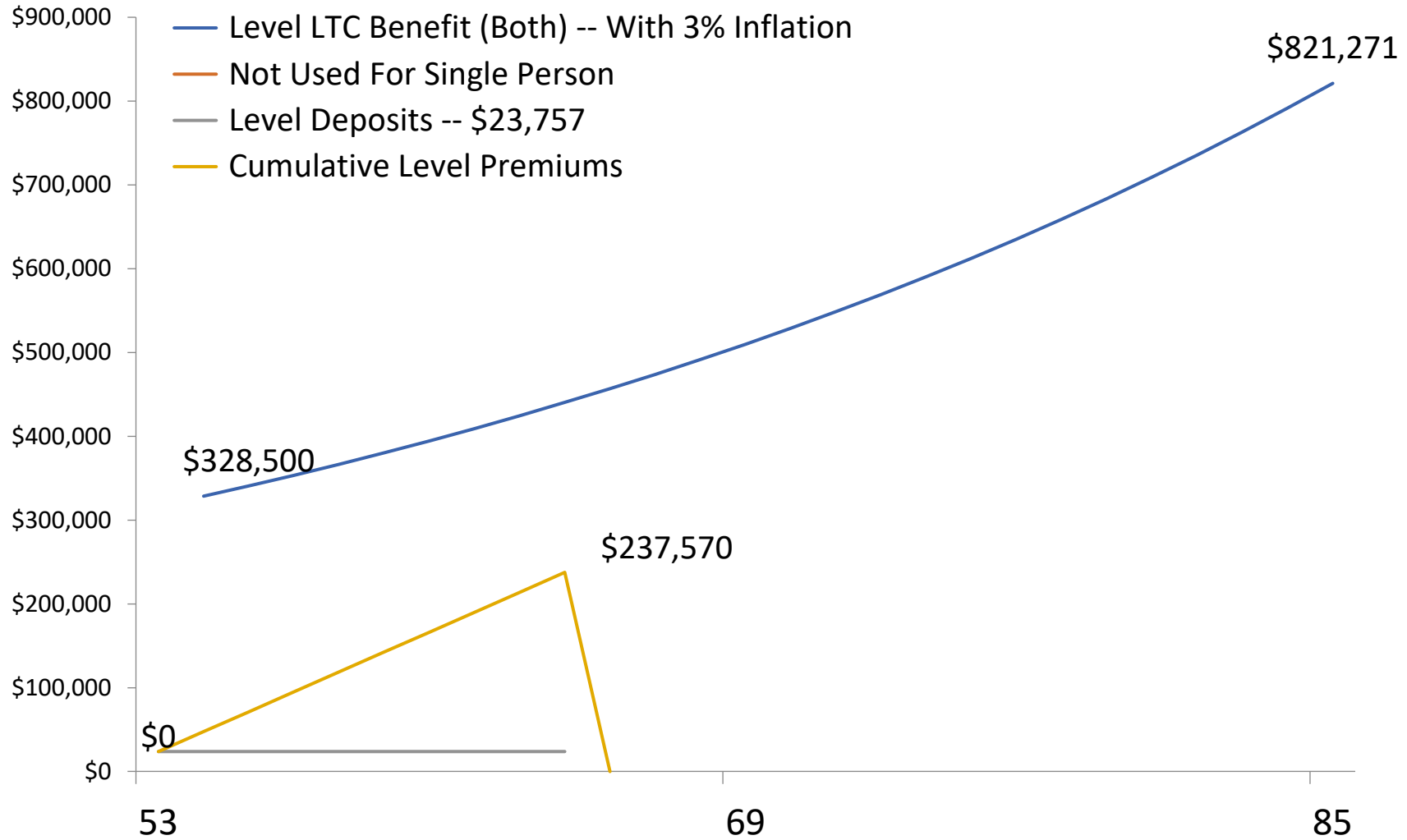
Traditional Lifetime Pay



Traditional 10 Pay

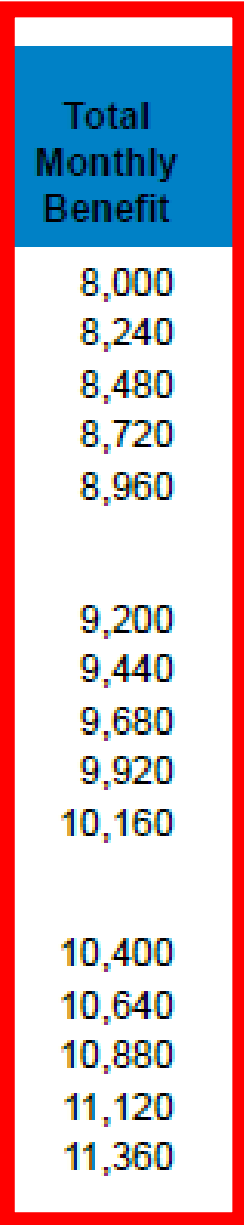


Traditional 10 Pay Return of Premium

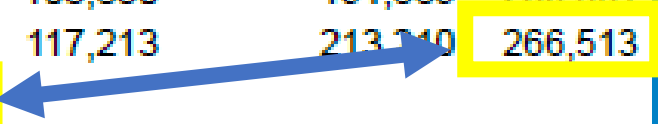


All Values and Benefits Guaranteed
Guaranteed 1.00% Interest Rate

| Year | Age | Scheduled Premium | Cash Value | Total Received on Surrender | Net Death Benefit | Total LTC Benefit (Excludes Inflation) | Max Monthly LTC Benefit* (Excludes Inflation) | Max Monthly Inflation Rider Benefit* | Total Monthly Benefit | Total Benefit** (Total LTC Benefit Plus Inflation) |
|------|-----|-------------------|------------|-----------------------------|-------------------|--|---|--------------------------------------|-----------------------|--|
| 1 | 66 | 26,651 | 14,566 | 21,321 | 192,000 | 384,001 | 8,000 | 0 | 8,000 | 401,281 |
| 2 | 67 | 26,651 | 24,290 | 42,642 | 192,000 | 384,001 | 8,000 | 240 | 8,240 | 412,801 |
| 3 | 68 | 26,651 | 34,379 | 63,963 | 192,000 | 384,001 | 8,000 | 480 | 8,480 | 424,321 |
| 4 | 69 | 26,651 | 44,856 | 85,284 | 192,000 | 384,001 | 8,000 | 720 | 8,720 | 435,841 |
| 5 | 70 | 26,651 | 55,740 | 106,605 | 192,000 | 384,001 | 8,000 | 960 | 8,960 | 447,361 |
| | | 133,256 | | | | | | | | |
| 6 | 71 | 26,651 | 67,049 | 127,926 | 192,000 | 384,001 | 8,000 | 1,200 | 9,200 | 458,881 |
| 7 | 72 | 26,651 | 78,808 | 149,247 | 192,000 | 384,001 | 8,000 | 1,440 | 9,440 | 470,401 |
| 8 | 73 | 26,651 | 91,052 | 170,568 | 213,210 | 384,001 | 8,000 | 1,680 | 9,680 | 481,921 |
| 9 | 74 | 26,651 | 103,830 | 191,889 | 239,861 | 384,001 | 8,000 | 1,920 | 9,920 | 493,441 |
| 10 | 75 | 26,651 | 117,213 | 213,210 | 266,513 | 384,001 | 8,000 | 2,160 | 10,160 | 504,961 |
| | | 266,513 | | | | | | | | |
| 11 | 76 | 0 | 120,536 | 266,513 | 266,513 | 384,001 | 8,000 | 2,400 | 10,400 | 516,481 |
| 12 | 77 | 0 | 123,860 | 266,513 | 266,513 | 384,001 | 8,000 | 2,640 | 10,640 | 528,001 |
| 13 | 78 | 0 | 127,182 | 266,513 | 266,513 | 384,001 | 8,000 | 2,880 | 10,880 | 539,521 |
| 14 | 79 | 0 | 130,499 | 266,513 | 266,513 | 384,001 | 8,000 | 3,120 | 11,120 | 551,041 |
| 15 | 80 | 0 | 133,797 | 266,513 | 266,513 | 384,001 | 8,000 | 3,360 | 11,360 | 562,561 |
| | | 266,513 | | | | | | | | |



266,513





**CHRONIC
ILLNESS**

Design Type

Two:

Life with
Chronic,
Critical and
Terminal
Illness

ANY BENEFIT PAID UNDER THIS RIDER WILL IMPACT THE POLICY. THE POLICY AMOUNT, CASH VALUE AND LOAN VALUE WILL BE REDUCED IF AN ACCELERATED DEATH BENEFIT IS PAID. THE IMPACT ON THE POLICY IS DISCUSSED IN THE IMPACT ON POLICY PROVISION OF THIS RIDER. YOU SHOULD CONTACT YOUR PERSONAL TAX ADVISOR FOR SPECIFIC ADVICE BEFORE EXERCISING ANY RIGHTS UNDER THIS RIDER. PAYMENTS RECEIVED UNDER THIS CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDER ARE NOT PART OF A HEALTH, LONG TERM CARE, OR NURSING HOME INSURANCE POLICY AND MAY NOT BE SUFFICIENT TO COVER MEDICAL, NURSING HOME OR OTHER BILLS.

ALL PROVISIONS OF THE POLICY THAT DO NOT CONFLICT WITH THIS RIDER APPLY TO THIS RIDER. WHERE THERE IS ANY CONFLICT BETWEEN THE RIDER PROVISIONS AND THE POLICY PROVISIONS, THE RIDER PROVISIONS PREVAIL.

Account Value

Net Cash Value

Death Benefit

179,866

167,312

455,828

171,638

161,410

455,828

161,876

153,971

455,828

150,231

145,116

455,828

136,293

133,968

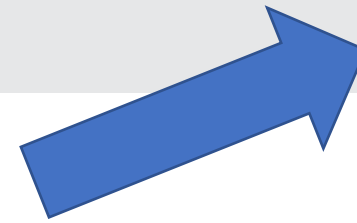
455,828

A80

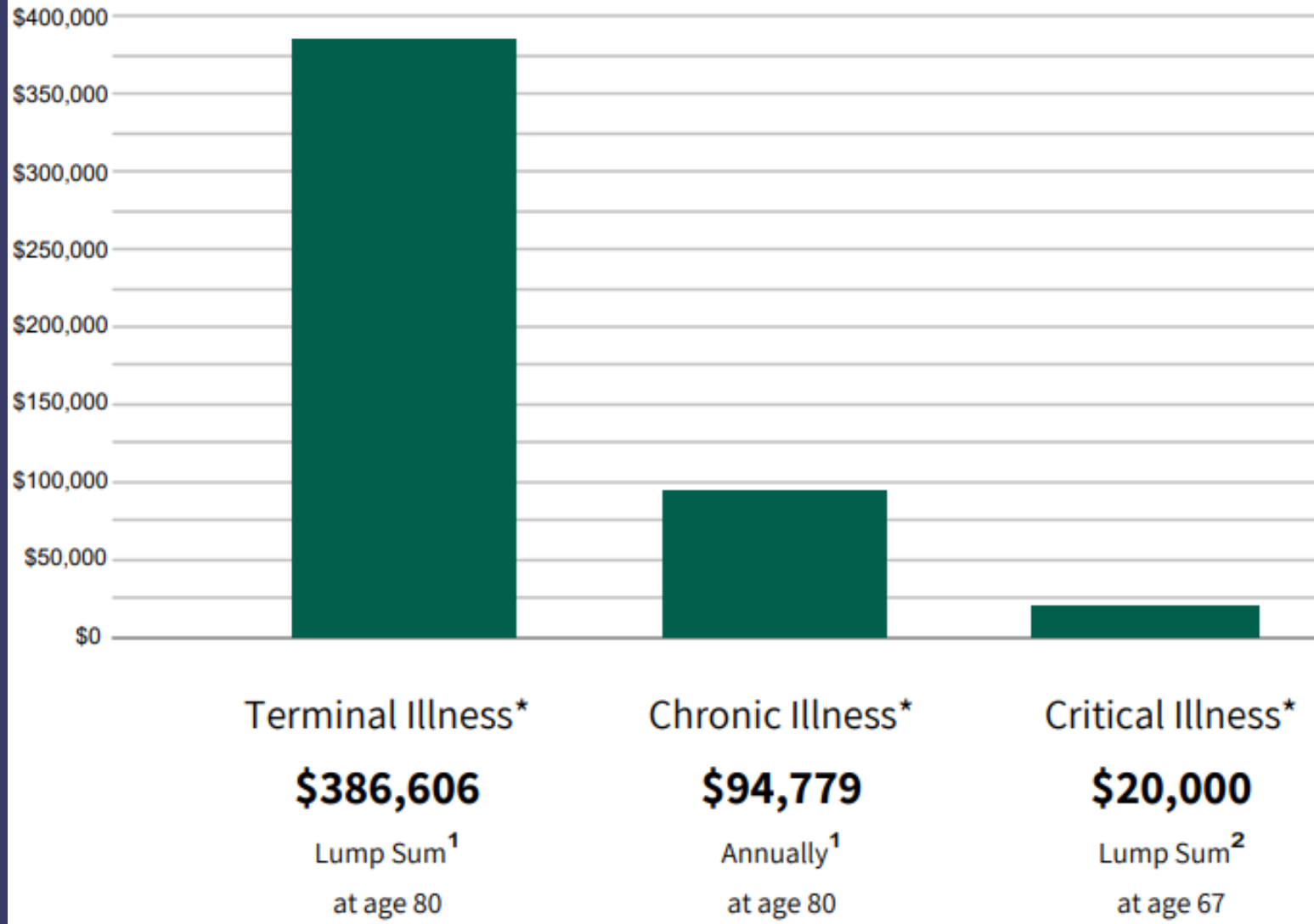
119,484

119,484

455,828



Accelerated Death Benefits



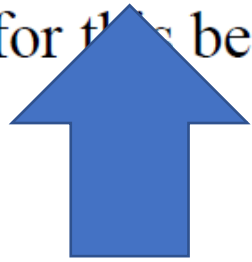
Life Insurance

With LTC Rider

| End of Year | Age | Contract Premium | Death Benefit | Cash Value | Paid-Up Insurance | Extended Term Insurance | |
|-------------|-----|------------------|---------------|------------|-------------------|-------------------------|------|
| | | | | | | Years | Days |
| 1 | 67 | \$26,651.00 | \$347,160 | \$0.00 | \$0 | 0 | 0 |
| 2 | 68 | 26,651.00 | 347,160 | 18,677.21 | 38,882 | 4 | 189 |
| 3 | 69 | 26,651.00 | 347,160 | 39,590.13 | 79,847 | 7 | 270 |
| 4 | 70 | 26,651.00 | 347,160 | 61,339.70 | 119,770 | 10 | 35 |
| 5 | 71 | 26,651.00 | 347,160 | 83,960.65 | 158,652 | 11 | 344 |
| 6 | 72 | 26,651.00 | 347,160 | 107,511.98 | 196,840 | 13 | 172 |
| 7 | 73 | 26,651.00 | 347,160 | 132,073.55 | 234,680 | 14 | 308 |
| 8 | 74 | 26,651.00 | 347,160 | 157,746.03 | 272,173 | 16 | 100 |
| 9 | 75 | 26,651.00 | 347,160 | 184,682.18 | 309,667 | 18 | 103 |
| 10 | 76 | 26,651.00 | 347,160 | 213,086.81 | 347,160 | 0 | 0 |

Total Qualified Care Accelerated Death Benefit payable \$300,000; as Cat. A 5.0% with monthly benefit of \$15,000.00, or Cat. B 2.5% with monthly benefit of \$7,500.00*

Cost for the benefit is \$1,293.00 and is included in the annual premium.



Category A: You are in an assisted living or nursing home facility or receiving home health care regularly

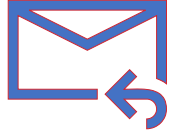
Category B: They're in adult daycare; Dropped off and picked up daily

| | 7702(b) | 101(g) | LTC Rider |
|----------------------------------|----------------|---------------|------------------|
| <u>All values @ A80*</u> | | | |
| Death Benefit | \$266,513 | \$455,828 | \$347,160 |
| LTC Pool Amount | \$562,561 | \$109,398 | \$300,000 |
| Cash Value | \$266,513 | \$119,484 | \$236,513 |
| Lump Sum Payment Terminal | \$0 | \$386,606 | \$0 |
| Monthly Payment | \$11,360 | \$7,898 | \$15,000 |
| Remaining Death Benefit | \$25,000 | \$0 | \$173,580 |

***Based on A66 Male, Preferred NT, 10 payments of \$26,651**

Annuity with LTC Rider

Client benefits



- 1). Turn \$100k into potentially \$300k of LTC on day one.
- 2). Allows for single or joint coverage
- 3). Simplified underwriting – only two pages
- 4). Guaranteed return of premium after nine years
- 5). Fixed annuity chassis – no medical exams

Fixed Annuity

With Long-Term Care Benefits

Hypothetical Illustration: Guaranteed Assumptions

| | | | | | |
|---|-------------------------|----------------------------------|-----------|--|--------------|
| Insured's Name/Gender/Age: | Valued Client/Male/65 | Premium: | \$100,000 | LTC Rider Monthly Charge (per \$1 of Contract Value): | \$0.00125 |
| Joint Insured's Name/Gender/Age: | Valued Client/Female/65 | Withdrawal Charge Period: | 9 Year | LTC Inflation Rider: | Not Included |
| State of Issue: | Minnesota | Guaranteed Rate Period: | 1 Year | LTC Nonforfeiture Rider: | Not Included |

| Contract Year / Insured Age | | Contract Value / Withdrawal Value | | | | LTC Coverage ³ | | | | |
|-----------------------------|---------------|-----------------------------------|-----------------|----------------------------|--------------------------------|--|--------------------------------------|--------------------------|-------------------|---------------------------------------|
| Contract Year | Insured Age | Interest Rate | Interest Credit | Rider Charges ¹ | Contract Value / Death Benefit | Contract Withdrawal Value ² | Accelerated Benefit / Contract Value | Maximum Extended Benefit | Total LTC Benefit | Maximum Monthly Benefit (per Insured) |
| 1 | 65-66/65-66 | 1.75% | \$1,736 | \$1,502 | \$100,234 | \$92,215 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 2 | 66-67/66-67 | 1.00% | \$997 | \$1,504 | \$100,234 | \$92,215 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 3 | 67-68/67-68 | 1.00% | \$997 | \$1,504 | \$100,234 | \$93,218 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 4 | 68-69/68-69 | 1.00% | \$997 | \$1,504 | \$100,234 | \$94,220 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 5 | 69-70/69-70 | 1.00% | \$997 | \$1,504 | \$100,234 | \$95,222 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 6 | 70-71/70-71 | 1.00% | \$997 | \$1,504 | \$100,234 | \$96,225 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 7 | 71-72/71-72 | 1.00% | \$997 | \$1,504 | \$100,234 | \$97,227 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 8 | 72-73/72-73 | 1.00% | \$997 | \$1,504 | \$100,234 | \$98,230 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 9 | 73-74/73-74 | 1.00% | \$997 | \$1,504 | \$100,234 | \$99,232 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 10 | 74-75/74-75 | 1.00% | \$997 | \$1,504 | \$100,234 | \$100,234 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 11 | 75-76/75-76 | 1.00% | \$997 | \$1,504 | \$100,234 | \$100,234 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 12 | 76-77/76-77 | 1.00% | \$997 | \$1,504 | \$100,234 | \$100,234 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 13 | 77-78/77-78 | 1.00% | \$997 | \$1,504 | \$100,234 | \$100,234 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 14 | 78-79/78-79 | 1.00% | \$997 | \$1,504 | \$100,234 | \$100,234 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 15 | 79-80/79-80 | 1.00% | \$997 | \$1,504 | \$100,234 | \$100,234 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 16 | 80-81/80-81 | 1.00% | \$997 | \$1,504 | \$100,234 | \$100,234 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 17 | 81-82/81-82 | 1.00% | \$997 | \$1,504 | \$100,234 | \$100,234 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 18 | 82-83/82-83 | 1.00% | \$997 | \$1,504 | \$100,234 | \$100,234 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 19 | 83-84/83-84 | 1.00% | \$997 | \$1,504 | \$100,234 | \$100,234 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 20 | 84-85/84-85 | 1.00% | \$997 | \$1,504 | \$100,234 | \$100,234 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 25 | 89-90/89-90 | 1.00% | \$997 | \$1,504 | \$100,234 | \$100,234 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 30 | 94-95/94-95 | 1.00% | \$997 | \$1,504 | \$100,234 | \$100,234 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |
| 35 | 99-100/99-100 | 1.00% | \$997 | \$1,504 | \$100,234 | \$100,234 | \$100,234 | \$200,468 | \$300,703 | \$3,341 |



Proposed Insured Health Questions (any questions 1-5 answered 'Yes' will be an automatic decline)



1. Are you currently hospitalized, confined to a bed, or residing in an Assisted Living Facility? Yes No

2. In the last 12 months have you applied for any long term care policy or long term care rider that was declined or postponed? Yes No

3. Are you currently using, or in the past 12 months have you used or been medically advised by a Healthcare Professional to use any of the following?

- | | | | |
|--|----------------------------|--|-------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Care in a nursing facility | <input type="checkbox"/> Yes <input type="checkbox"/> No | Motorized Scooter |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Home Health care services | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hospital bed |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Adult Day Care services | <input type="checkbox"/> Yes <input type="checkbox"/> No | Stair Lift |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Walker | <input type="checkbox"/> Yes <input type="checkbox"/> No | Oxygen |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Wheelchair | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dialysis machine |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Multi-prong cane | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hospice Care |

4. Do you require assistance or supervision in performing any of the following activities?

- | | | | |
|--|-------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Taking medication | <input type="checkbox"/> Yes <input type="checkbox"/> No | Eating |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Bathing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Toileting |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Dressing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Managing your bowel or bladder |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Getting in or out of a chair or bed | <input type="checkbox"/> Yes <input type="checkbox"/> No | Walking |



5. In the last 7 years, have you had, been diagnosed or treated by a Health Care Professional, been prescribed or taken medication for any of the following?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Alzheimer's disease or dementia | <input type="checkbox"/> Yes <input type="checkbox"/> No | Muscular dystrophy |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Recurrent memory loss | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lou Gehrig's disease (ALS) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Mild cognitive impairment (MCI) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Huntington's disease |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Organic brain syndrome | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hepatitis |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Mental incapacity or retardation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cirrhosis |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Multiple sclerosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | Smoking in conjunction with Emphysema, COPD |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Parkinson's disease | <input type="checkbox"/> Yes <input type="checkbox"/> No | Stroke or Multiple Transient Ischemic Attack (TIA) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Paralysis | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Organ transplant other than cornea or kidney | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Spinal Stenosis or Chronic Back pain with use of narcotic medication | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Autoimmune disorder/disease such as Systemic Lupus, Systemic Scleroderma, CREST Syndrome, Connective Tissue disease, Mixed Connective Tissue disease | | |

ForeCare Annuity Application – Medical Questionnaire *(continued)*



6. In the last 12 months have you had, been diagnosed or treated by a Healthcare Professional, or been prescribed or taken medication for any of the following?

| | | | | | |
|------------------------------|-----------------------------|---|------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Aneurysm | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Had a seizure or convulsion |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heart bypass surgery | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Had multiple falls |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heart valve replacement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tremors |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vascular surgery | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Congestive heart failure |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Been hospitalized overnight 2 or more times | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cardiomyopathy |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Had any fall resulting in a fracture | | | |



7. In the last 5 years, have you had, been diagnosed or treated by a Healthcare Professional, or been prescribed or taken medication for any of the following?

| | | | | | |
|------------------------------|-----------------------------|---|--|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Leukemia | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hodgkin's disease or other lymphoma | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any cancer other than non-melanoma skin cancer? | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Alcohol or drug abuse or dependency | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hospitalization for depression, bi-polar disorder or any other psychiatric disorder | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Blood clotting deficiency, Factor V, VII, VIII, IX, X, | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Idiopathic thrombocytopenic purpura (ITP) or essential thrombocythemia | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Von Willebrand disease | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Smoking with peripheral vascular disease, diabetes, or renal disease | | | |



8. In the last 7 years, have you had, been diagnosed or treated by a Healthcare Professional, or been prescribed or taken medication for any of the following?

| | | | | | |
|------------------------------|-----------------------------|---|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | TIA with a history of heart disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rheumatoid arthritis requiring use of narcotic medication |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diabetes currently treated with insulin | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bipolar disorder, schizophrenia or other psychosis |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rheumatoid arthritis with joint deformity | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chronic kidney failure |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rheumatoid arthritis with joint replacement | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Kidney or cornea transplant | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Myasthenia gravis | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diabetes with a history of TIA, Stroke, Neuropathy, kidney disease, peripheral vascular disease or congestive heart failure | | | |

9. Have you been medically advised by a Healthcare Professional to have any surgery, non-routine diagnostic test or medical evaluation that has not yet been completed? Yes No

10. Additional Information *(If any of the above questions are answered "Yes," please list all medications)*

| |
|--|
| |
| |
| |



How has the
Cares Fund
been executed?

LTSS Timeline

Long-Term Services and Support



WA Cares Outreach Implementation Timeline



Zoom Meeting You are viewing Porsche Everson (she/her)'s screen View Options

Benjamin Veghte is talking...

Commission Workgroup: Benefit Eligibility

- **Benefit Eligibility Workgroup**
 - **Purpose:** Explore potential statute changes that could address constituent concerns and improve the operation of the program with a focus on four areas:
 - **WA Employees Who Live Out of State:** People who live in another state but work for a Washington employer will pay premiums, but will not be eligible for benefits unless they move to (live in) Washington when they have a long-term care need. This impacts approximately 100,000 people who will begin paying premiums in 2022.
 - **Near Retirees:** People nearing retirement now will have difficulty vesting. Those who retire before 2025 will not be able to vest at all. Those who retire between 2025 and 2032 will only have access to benefits if they need care within three years of retirement.
 - **Employees on Work Visas:** Should a person working in WA State on an Employment Authorization Document/Visa/Green card be eligible for opting out?
 - **People Who Move Out of State:** People who pay premiums and vest but move out of state and do not live in Washington at the time they have a LTC need will not be eligible for benefits.
 - **Timeline and scope:** Convene 2-3 times in summer/fall 2021 to bring viable options to LTSS Trust Commission in fall of 2021 with a recommendation to the legislature in January 2022

Zoom Meeting controls: Mute, Start Video, Participants (177), Chat, Share Screen, Record, Closed Caption, Reactions, Leave



Participant list (top to bottom): KING_CU, Steve Conway, Andy, Mike Tucker, Porsche Everson..., Bill Moss, Jacqui Boydston...

Zoom Meeting sidebar controls: C, A, CV, K, GK, BV, BA, SC, AC, From, To, Typ

Q. Will King County offer a long-term care insurance option for King County employees?

No, King County will not offer a private long-term care insurance option to employees. The Washington State Legislature did not finalize the November 1 deadline to opt out of the program until the end of the 2021 legislative session in April. As of August 1, the state still has not confirmed the rules regarding which private plan designs qualify for a program exemption. Due to this lack of clarity and limited time frame, King County will not offer a private insurance option. The Washington state Office of the Insurance Commissioner website lists private [Long-term care insurance companies approved to sell in Washington state](#), which individuals can use to request quotes.



Insights from Brokers & Carrier's Response

Corey Anderson





Nationwide is suspending all individual life insurance sales in Washington state until further notice

Nationwide <Nationwide@email-nationwide.com>

Wed 8/11/2021 3:09 PM

To: Andy Wayt <awayt@ifcnationalmarketing.com>



[View this email as a webpage](#)

IMPORTANT NOTICE

Nationwide is suspending all individual life insurance sales in Washington state until further notice

The passage of the WA Cares Fund in Washington state has created an opportunity for people to consider obtaining long-term care coverage. Because of the increasingly intense interest in Nationwide solutions, the application volume we have received has far exceeded expectations. To provide the best possible experience for all customers, we must notify you of the following change to new business applications in Washington.

Effective immediately, Nationwide is temporarily suspending sales of all individual life insurance products, including Nationwide CareMatters[®], in Washington state until further notice.

All Washington applications received after 5:00 p.m. ET, August 10, 2021 will not be processed. **No exceptions will be made.** At this time, while we are making every

Suspension of all asset-based LTC sales in Washington state

OneAmerica Care Solutions <marketingservices.ind@aulind.oneamericaemailservices.com>

Fri 8/13/2021 3:19 PM

To: Andy Wayt <awayt@ifcnationalmarketing.com>

To view this email as a web page, go [here](#).

August 13, 2021

Care Solutions Update

Suspension of all asset-based LTC sales in Washington state

We have continued monitoring the risk environment created by the WA Cares Fund, and it is necessary to temporarily suspend sales of ALL OneAmerica[®] company products that meet the definition of long-term care in Washington state effective **Aug. 14, 2021**. In addition to Asset Care, communicated earlier this week, this suspension now includes Annuity Care, Annuity Care II, and

Considerations

- What designs are people purchasing?
 - 18-year-olds
 - 60-year-olds
- Carrier persistency
- Impact on rates?

Conclusions

- Other states?
- Timeframe
- Do we need agents?
- Changes in future?



Thank You

What's happening in Washington? Could long term care planning be mandated elsewhere?

Course#

Presenters: Andy Wayt