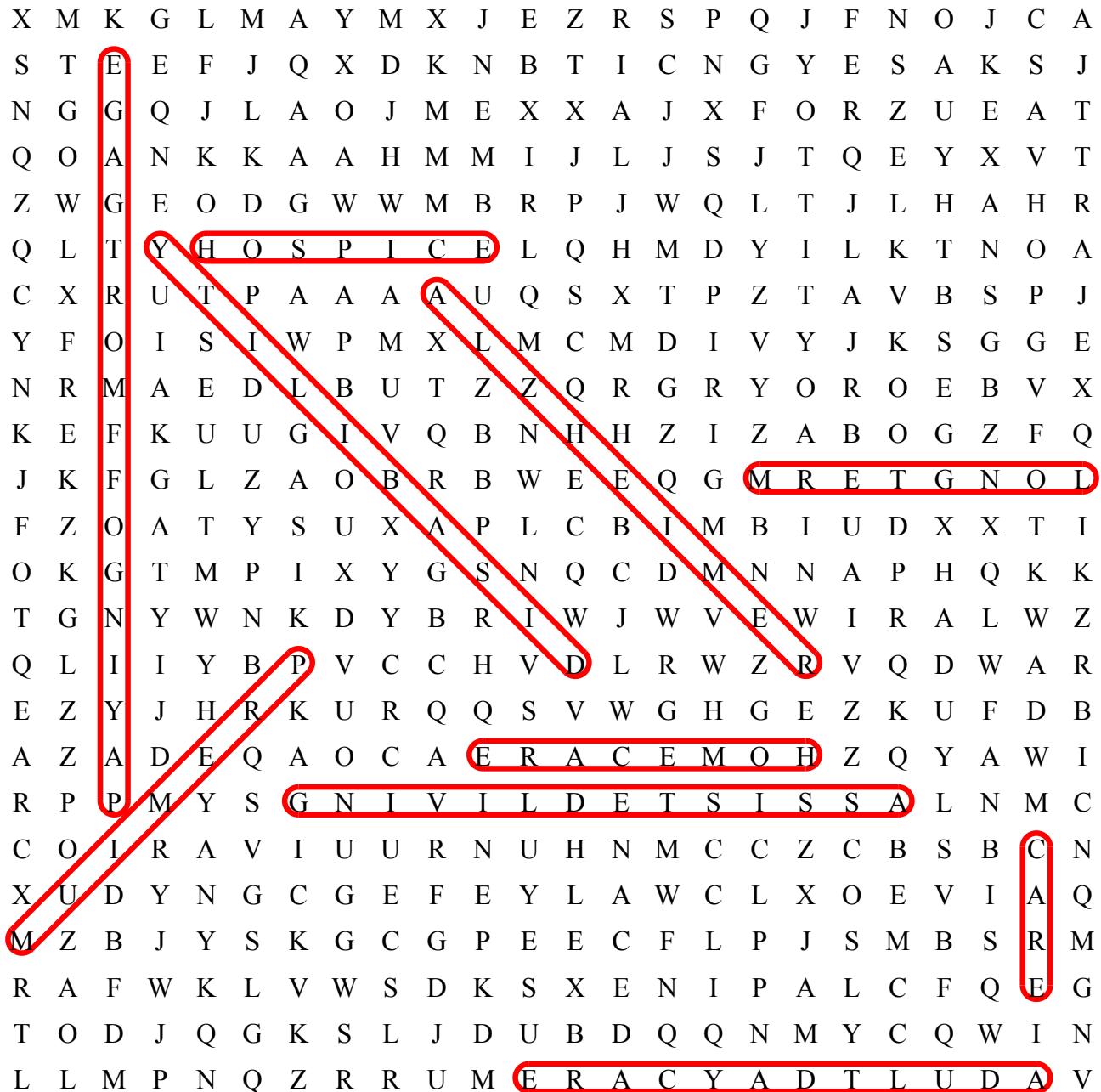


Name: _____

Date: _____

long term health care



paying off mortgage

assisted living

adult daycare

disability

Alzheimer

home care

long term

premium

hospice

care