



Aging well:

A planning, conversation, and resource guide



Building a comprehensive plan for you and your loved ones





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Use the information in the first section of this guide to learn about the things to keep in mind as you consider your loved one's aging goals and preferences.

Then, use the conversation starters and worksheets in the second section to help you and your loved ones work together to put a plan in place and document important information. Finally, the third section provides resources to help you and your family learn more about aging well.

Prepare for peace of mind

We're getting older, we're living longer, and we're changing what it means to age. We're also entering new territory. How do we plan for longevity, what does it mean to age well, and how can we – and those we love – live safely, securely, and independently for as long as possible?

At Fidelity, we believe true retirement readiness is about more than savings and investments. It's about living—and aging—well. A comprehensive plan needs to address longevity, health care, and end of life as moments that matter for you, your family, and your finances. And we believe your plan is only secure when your aging loved one's plans are too. That's why it's critical to think and talk about the decisions that may be around the corner for you and your family. It's also why we've created this guide for you to use with your loved ones and for yourself.

Get the most out of this guide



Look out for this symbol throughout this guide to direct you to helpful worksheets and relevant information.

Plan with a purpose

Test for plan completeness.

Answer the questions we've included to gauge depth and breadth.

Close planning and conversational gaps.

Use the guide together with your loved ones to document what's been done, highlight what's missing, and have critical conversations. Leverage our resources, tools, and tips.

Revisit the plan periodically.

Commit to talking with your loved one annually or whenever a major life event occurs. Use this process to get a head start on your own plans.

Position your family for success

Partner.

Approach the planning process in partnership with loved ones. It's critical that you and your loved one are able to speak freely. Framing the process as something you'll work on together sets the right tone and helps to create a safe space for open and healthy dialogue.

Make time to talk.

It's easy to procrastinate—to search for the perfect time, space, and place—but perfect rarely presents. Pick a time when you and your loved ones won't feel rushed. Choose a private setting in a neutral location. Maintain your focus by minimizing interruptions and distractions such as cell phones.

Start small.

Talking about aging, independence, and end-of-life issues can seem overwhelming, but breaking the discussion up helps. Begin with the planning process itself. Document and discuss what's been done. Use small wins to build confidence and momentum.

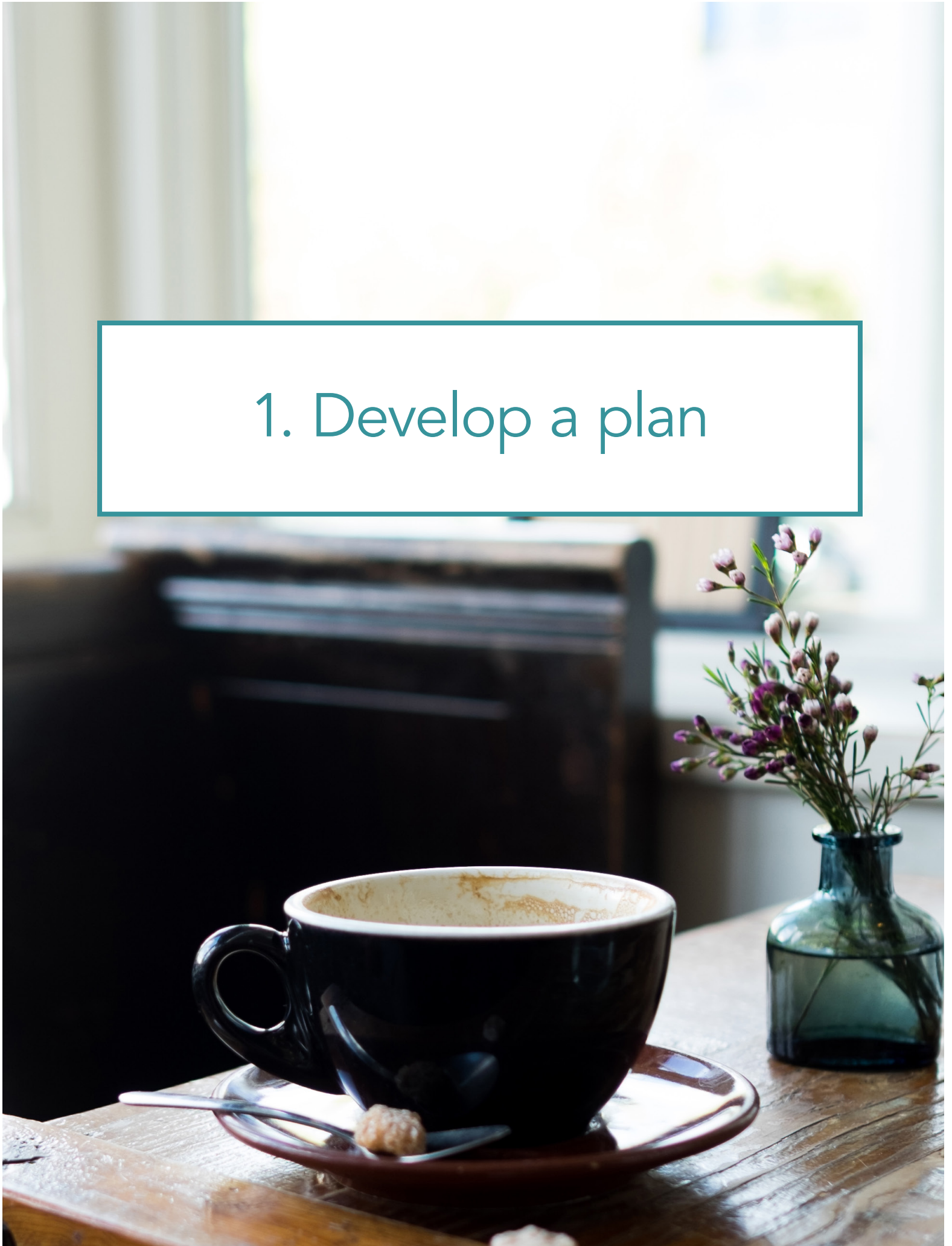
Pick your spots.

Continue to approach planning as a process. Frame the discussion in terms of common goals such as staying safe or remaining independent. Identify gaps and next steps together. Agree to specific actions—even if it means agreeing to disagree—as partners. Be clear as to who's doing what, when, and why.

Bring lessons learned to life.

Take advantage of your experience working with a loved one. Use the process to examine your own plans. Is your planning complete? Do your loved ones understand your plan and know what's important to you?

1. Develop a plan



It's important to have a plan in place to address your loved one's finances, health and wellness, aging in place, housing and care, and end-of-life plans and wishes.

Finances

Financial health enables choice and helps preserve our independence. As we age, our ability to make complex financial decisions declines. Managing assets can become harder. Forgetting to pay bills or paying them multiple times can happen. Age can also make us more susceptible to risk, fraud, and abuse.

As the people you care about grow older, you may be concerned about their ability to manage their finances independently. Having a handle on your loved one's overall financial picture—household expenses, investments, and estate plans—is critical in keeping you informed and your loved one safe.

Health and wellness

Medicare is the primary insurer for the 65-and-older crowd...and does not include things like dental, basic vision, and over-the-counter medicines. It is estimated that an average retired individual age 65 in 2024 may need approximately \$165,000 saved (after tax) to cover the health care expenses during retirement.¹ This estimate does not include annual costs for long-term care. Approximately 80 percent of older adults have at least one chronic health condition, while 68 percent have at least two chronic conditions.² Factored together, these issues make having a complete and accurate view of your loved one's health and health care that much more critical.



Use the Financial Conversations on pages 16–18 to build out your loved one's financial picture, and the Health and Wellness Conversations on page 19 to develop a shared view of his or her current health.



Financial decision-making ability peaks at approximately age 53, then declines into older adulthood.³ Planning ahead for important decisions and support can help your loved ones continue to enjoy family, health, and financial security.

¹Fidelity Investments® Releases 2024 Retiree Health Care Cost Estimate as Americans Seek Clarity Around Medicare Selection, August 8, 2024, <https://newsroom.fidelity.com/pressreleases/fidelity-investments--releases-2024-retiree-health-care-cost-estimate-as-americans-seek-clarity-arou/s/7322cc17-0b90-46c4-ba49-38d6e91c3961>. See the end notes section for information on how the estimate was calculated.

²Talking With Your Older Patients," National Institute on Aging, January 25, 2023, <https://www.nia.nih.gov/health/talking-your-older-patients>.

³Stephanie M. Carpenter and Carolyn Yoon, "Aging and consumer decision making," NIH, US National Library of Medicine, National Center for Biotechnology Information, October 19, 2019, [ncbi.nlm.nih.gov/pmc/articles/PMC3799963/](https://pubmed.ncbi.nlm.nih.gov/3799963/).

Memory

It's normal to become more forgetful as we age, but how much is too much? How can you tell whether your loved one's "tip of the tongue" moments are a normal age-related change versus something more serious?

	AGE-RELATED CHANGE	POSSIBLE ISSUE
Memory loss that disrupts daily life	▶ Forgetting the occasional name	▶ Forgetting important dates and events
Challenges in planning and problem solving	▶ Trouble occasionally balancing a checkbook	▶ Trouble keeping track of monthly bills
Difficulty completing familiar tasks	▶ Difficulty recording a TV show	▶ Difficulty driving to a familiar place
Confusion with time or place	▶ Getting confused about the day of the week, then remembering later	▶ Getting confused about where you are and how you got there
Trouble understanding visual images and spatial relationships	▶ Difficulty seeing due to cataracts	▶ Difficulty recognizing your own reflection in a mirror
New problems with words in speaking or in writing	▶ Having a "tip of the tongue" moment	▶ Having trouble joining or following a conversation
Misplacing things and losing the ability to retrace steps	▶ Losing track of your glasses	▶ Losing the ability to retrace your steps to find your glasses
Decreased or poor judgment	▶ Making the occasional bad choice	▶ Making large telemarketing buys
Withdrawal from work or social activities	▶ Needing a periodic break from family and social obligations	▶ Dropping completely out of social groups; giving up hobbies
Changes in mood or personality	▶ Experiencing irritability when a routine is disrupted	▶ Becoming easily upset, increasingly confused, suspicious, depressed, fearful, or anxious

Use the information in this chart as a guide. If you suspect or are concerned that a loved one may have a memory-related issue, talk with your loved one and ask if you can visit his or her health care provider together.

Source: Alzheimer's Association



See the Fidelity Viewpoints® article: “10 ways to stop financial elder fraud” at [Fidelity.com/viewpoints](https://www.fidelity.com/viewpoints).

Mood

Though often overlooked, mood, social connectedness, and depression are key considerations — particularly as we age. How emotionally well prepared is your loved one?

- **Happiness**

Despite some of the physical challenges—and tip of the tongue moments—that often accompany aging, we actually become happier as we grow older. Why might this be the case? Research suggests that we get better at placing our experiences into a broader context as we age.⁴

- **Social connectedness**

Maintaining strong relationships with our family, friends, and community is an essential part of aging well. Loneliness and social isolation can place older adults at risk for dementia, heart disease, and other serious medical conditions.⁵ Help your loved one prepare by thinking through three key social connection blind spots: retirement, mobility, and relocation.

- **Retirement**

For many of us, work is a key source of social engagement, and as we retire, few are prepared for the loss of their work families. If your loved one is still working, help him or her think creatively about maintaining a social connection to coworkers through things like standing coffee dates, mentoring, and special projects after he or she retires. If they’re already retired, gauge any interest in reconnecting online (via Facebook or LinkedIn), volunteering, or joining a board with former coworkers.

- **Mobility**

It’s easy to take our physical freedom for granted, but as we age, changes to vision, hearing, and movement can make getting around—and staying connected—difficult. Help keep your loved ones safe and engaged by making sure they have regular health screenings and stay physically active.

If they still drive, ride with them periodically to see how they’re managing. Explore public transportation options together. Also, encourage them to connect in places that are easy to get to and closer to home.

60% of adults say making sure their family is not burdened by tough decisions surrounding end-of-life wishes is extremely important, yet 56% of that group have not had a conversation on this topic.⁶

Help your loved one to plan ahead: Be sure he or she has a medical directive/living will, health care proxy, HIPAA release form, and power of attorney in place.

⁴Chopik, William J., et al., “Gratitude across the life span: Age differences and links to subjective well-being,” 2019, [ncbi.nlm.nih.gov/pmc/articles/PMC6519723/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6519723/).

⁵“Health Effects of Social Isolation and Loneliness,” Centers for Disease Control and Prevention, March 26, 2024, <https://www.cdc.gov/social-connectedness/risk-factors/index.html>.

⁶Prince-Paul, M, and E. DiFranco, “Upstreaming and Normalizing Advance Care Planning Conversations—A Public Health Approach,” 2017, [mdpi.com/2076-328X/7/2/18](https://www.mdpi.com/2076-328X/7/2/18).

- **Relocation**

Access is a key component of staying connected as we age. If your loved ones are contemplating a move, help them think through connectivity implications. What do they enjoy most about where they live? What kinds of goods, services, and amenities are important to them? How will they visit friends and family, go to appointments, and get around if and when driving is no longer an option?

- **Depression**

The process of aging allows us to experience life events and gain perspective in ways that can ultimately help us feel more positive. Aging also exposes us to change, grief, and loss, which may look like or trigger depression. Depression is not a normal part of the aging process, and it can be trickier to diagnose because the signs, symptoms, and causes differ in older people.

According to the National Institute on Aging,⁷ older people may feel tired, have trouble sleeping, experience changes in appetite, withdraw, or feel irritable. Changes in mood, memory, or attention may be the result of underlying medical conditions or prescription drugs. Regular, open, and honest communication can help you identify signs of depression and work with your loved ones and their health care providers to evaluate and treat them if depression or an underlying health issue is present.



See the *Fidelity Viewpoints®* article: "Five ways to protect your retirement income" at [Fidelity.com/viewpoints](https://www.fidelity.com/viewpoints).



Help your loved one stay safe by staying connected.
Isolation increases susceptibility to scams, fraud, and abuse.

⁷National Institute on Aging, National Institutes of Health, U.S. Department of Health and Human Services, July 7, 2021, nia.nih.gov/health/depression-and-older-adults.

Aging in place

A house is more than just a place to live. It's where we gather loved ones, make memories, and feel safe. It's no surprise that many adults want to stay in their homes and communities as they age.⁸

You can increase your loved one's prospects of aging in place by thinking and talking through each of the following planning considerations.

- **Driving**

The ability to drive—to pick up groceries, get a prescription, or visit a friend—is a critical satisfier and often a key enabler of aging in place. Ask your loved one how he or she is managing on the road. Check the overall condition of the car. Look for evidence of dings, dents, and scratches on the vehicle, the garage door, etc. Ride with your loved one and see how he or she fares under different conditions.

Use resources such as those available through the National Highway Traffic Safety Administration to help you both make an informed decision that will keep you, your loved one, and others safe.

- **Home safety**

As we age, changes in vision, hearing, and mobility can make it harder for us to live safely—and independently—at home. Initiate a conversation by asking your loved one how he or she is managing at home. Listen for hesitation. Look for unexplained bruises from knocks, trips, or falls. Use your visits to gauge whether your loved one can safely navigate his or her space, reach light switches, and negotiate stairs. Pay special attention to indoor and outdoor trip hazards such as uneven surfaces, area rugs, and thresholds. Take the time to complete a home safety checklist together and revisit findings periodically.

- **Home modifications**

The process of completing a home safety checklist can help you identify simple fixes—adding handrails, changing hardware on cabinets and doors, and installing grab bars—that can help keep your loved one safe. Need more help? Consider talking to a home modification specialist.

- **Home monitoring**

Technology plays an increasingly important role in preserving our independence and safety as we age. Commonly available options range from wearables that measure activity and location, to medical alert devices that summon help in an emergency, to home monitoring systems that track eating, sleeping, medication usage, vital signs, and weight. As you evaluate your loved one's circumstances and needs, consider starting off with low-tech solutions and building from there. Helpful “low tech” options include labeling, lists, simple written instructions, weekly pill minder cases, automatic LED nightlights, and delivery services for food, necessities, and prescriptions.

⁸Michelle R. Davis, “Despite Pandemic, Percentage of Older Adults Who Want to Age in Place Stays Steady,” AARP, October 12, 2023, <https://www.aarp.org/home-family/your-home/info-2021/home-and-community-preferences-survey.html>.



- **Companionship care and homemaking services**

Whether it's dishes piled up in the sink or piles of beloved unread books, sometimes it takes a helping hand to keep a loved one safe and comfortable at home. Companionship care and homemaking services offer just that: nonmedical assistance in the comfort of home. Companions provide company and connection by doing things like reading aloud, writing emails and letters, and walking with your loved one. Homemaking services offer additional help such as shopping, cooking, and housekeeping. Both may also offer medication reminders and help with transportation, ensuring your loved one gets out and keeps medical and social appointments.

- **Home health aide**

If your loved one needs more hands-on help or assistance taking medications, a home health aide may help keep him or her comfortable and safe at home. Aides may receive medical training in basic first aid and emergency readiness, pass an exam, or receive state certification. If you have concerns or think your loved one might benefit from a home health aide, talk with your loved one and his or her health care providers.

- **Adult day care**

Adult day care programs provide a safe environment for loved ones who may be isolated, need structured services, and/or simply can't be alone. They also help caregivers care for themselves by providing respite and allowing time for work, friends, and family.

Housing and care

Living independently is largely a function of health: physical, financial, and social. As we age, needs and wants change, and that has a direct effect on where we live, how we live, and how we access care. Housing and caregiving go hand in hand, and keep in mind that what works today may not work for you or your loved one indefinitely.

When assessing the option that's right for your family, consider the following:

1. Health: How is your loved one's overall health?
2. Activity level: How active and independent is he or she?
3. Life stage and style: What kinds of access and activities are important to your loved one?

	WHO'S IT FOR? WHAT ARE THE BENEFITS?
50+ communities \$	Also known as active adult communities, retirement communities, and livable communities, 50+ options typically offer physical spaces, services, and amenities geared toward older adults who do not need nursing or medical care. Because floor plans are designed with older adults in mind, occupants may be better able to age in place. Many offer access to shared or public transportation as well as group activities that help residents get and remain engaged.
Continuing care retirement community (CCRC) \$\$	CCRCs offer a range of living and caregiving options that keep pace with residents' changing needs. Because they typically offer a full range of services from periodic personal care to full-time skilled nursing, the CCRC can be a good option for couples with different levels of need or in instances where one is caring for the other.
Assisted living facility (ALF) \$\$	ALFs typically offer help performing one or more activities of daily living—bathing, dressing, transferring, toileting, eating, and medication management—to residents who are still able to perform some of these tasks on their own. Because most don't offer 24-hour skilled nursing care, some residents may need to transfer to a skilled nursing facility if they require more care.
Skilled nursing facility (SNF) \$\$\$	Also known as nursing homes, SNFs are medical facilities that provide 24-hour care and supervision. An SNF may become necessary if your loved one requires round-the-clock oversight, medical care, and supervision.
Memory care \$\$\$\$	Memory care refers to a relatively new type of secure unit—typically on a separate floor or in a separate wing—of continuing care retirement communities, assisted living, or skilled nursing facilities. Residents typically have a diagnosis such as Alzheimer's disease that necessitates care by professionals specially trained to work with the memory impaired. The physical spaces are also structured in ways that uniquely support residents living with memory loss.

End of life

Every life tells a story—and every story has an ending—but planning for that natural conclusion is an act of love. We know it's not easy to think about death—your own or a loved one's—but it's absolutely critical. How well do you understand your loved one's plans and wishes for end of life?



Use the “End-of-life conversations” questionnaire on pages 20–21 to gain a better understanding of your loved one's wishes, and the “Important contacts and advisors” worksheet on pages 22–23 to help identify his or her trusted advisors.

Team of advisors

Your plan is only as complete as your loved one's plan, and his or her plan is only complete if it is current, comprehensive, and well communicated. How well do you know what your loved one has done? Who has he or she worked with, and to whom does he or she turn for advice?

A key step in understanding your loved one's plans—and closing plan gaps—is to know where to start. That's why getting to know the team of trusted advisors is critical.

A large, leafy tree dominates the left side of the frame, its trunk showing a hollowed-out section. In the background, a group of about seven people, including adults and children, are seated around a wooden table on a grassy lawn. They appear to be having a meal or a picnic. The scene is bathed in warm, golden light, suggesting late afternoon or early morning. A white cloth hangs on a line in the distance, and a house is partially visible behind the trees.

2. Important conversations, decisions, and documentation

Aging may be inevitable, but aging well is a deliberate process that requires thorough planning and thoughtful conversation. And it’s easier said than done.

Rules of the road

Talking about the underlying issues— independence, health, and loss—is tough. It can feel overwhelming, and it’s easy to put off as you search for the perfect time, place, and space.

Each family’s situation is unique—the conversations you may need to have or want to have could look different—but we recommend tackling the topics of driving, managing finances, housing, planning for care, and preparing for end of life at a minimum. How you dive in can also be as individual and as personal as your loved one’s situation.

Once you have completed the worksheets, checklists, and documents contained in this guide, you should consider storing this important information in a secure place.

Conversation starters

The following are some general rules of the road that can help make the process of talking with your loved one easier.

1. Get grounded:

1. What is your purpose for having the conversation?
2. What do you hope to accomplish?
3. Do you have any particular concerns you want to discuss?
4. What is your ideal outcome?
5. What else do you need to think about, think through, or do to prepare?

The five conversations you need to have:

-  Driving
-  Finances
-  Housing
-  Care
-  End of life

2. Get set:

Do:

- Approach the process as a partnership between you, your loved one, and other concerned family members.
- Use “we” statements—you’re not doing this to your loved one, you’re in this together.
- Agree to disagree, but don’t stop talking. Realize that difficult questions take time, patience, and perseverance to sort through.

Don’t:

- **Take it personally.**
It’s rarely about you—aging raises difficult topics and sensitive issues—whenever possible, reframe what you can do together to help your loved one stay safe and remain independent for as long as possible.
- **Try to tackle everything at once.**
Start small, celebrate success, and use the process to build momentum. Pace yourself to minimize potential stress.
- **Miss moments that matter.**
Use current events as door openers. Leverage others’ experiences such as a friend whose parents moved or the loss of a coworker’s spouse, for example, to get the conversation going. Recognize that conflict can be an unlikely but effective teacher for you, too.

3. Get started:

• Pick your spot.

Choose a time, space, and place where you and your loved one won’t feel rushed. Select a neutral location and anticipate interruptions. If your loved one is coming to you, treat the people you live with to a meal away from home so you have privacy. Minimize distractions by turning off cell phones, TVs, and other media.

• Problem solve.

Try to anticipate conversational derailers in advance. Test options in terms of how they help to keep your loved one safe and preserve his or her independence as long as possible. Reframe language to reinforce your partnership.

• Practice.

Make notes, enlist a friend to role-play, and rehearse the conversation in your head. Use what works best for you so you’re confident and relaxed in real time.

Possible conversation starters:

How do you think you’re doing with ____?

What does being able to ____ mean to you?

What would it mean to you if we ____?

How will doing ____ help you to ____?

What’s the next best thing we can do to ____?

How would it feel if we ____?

Financial conversations

Use the following categories and questions to serve as a framework to help you document your loved one's overall financial picture.



HOUSEHOLD EXPENSES:	
1. What are your loved one's typical monthly expenses, e.g., housing, transportation, credit cards, membership fees, utilities, etc.?	<div>Details:</div> <div></div> <div></div> <div></div>
2. Has your loved one had any difficulty managing their household finances?	<div><input type="checkbox"/> Y <input type="checkbox"/> N Details:</div> <div></div> <div></div> <div></div>
3. Could you step in and manage your loved one's finances if necessary?	<div><input type="checkbox"/> Y <input type="checkbox"/> N Details:</div> <div></div> <div></div> <div></div>
4. Do you know what's owned, owed, and outstanding?	<div><input type="checkbox"/> Y <input type="checkbox"/> N Details:</div> <div></div> <div></div> <div></div>



PROPERTY:	
1. Does your loved one own or have a share in any property?	<div><input type="checkbox"/> Y <input type="checkbox"/> N Details:</div> <div></div> <div></div> <div></div>
2. Can you access key documents such as tax records, homeowner's association fees, deeds, etc.?	<div><input type="checkbox"/> Y <input type="checkbox"/> N Details:</div> <div></div> <div></div> <div></div>
3. Do you have key contact information for their lender, property management company, security company, utilities, maintenance services, etc.?	<div><input type="checkbox"/> Y <input type="checkbox"/> N Details:</div> <div></div> <div></div> <div></div> <div></div>
4. Do you have full physical access to each property, such as keys, security codes, etc.?	<div><input type="checkbox"/> Y <input type="checkbox"/> N Details:</div> <div></div> <div></div> <div></div>
5. Do you have contact information for at least one neighbor?	<div><input type="checkbox"/> Y <input type="checkbox"/> N Details:</div> <div></div> <div></div> <div></div>

**INSURANCE:**

1. Do you have a list of your loved one's insurance policies, including property, auto, health, prescription drug, Medicare Supplement, life, long-term care, etc.?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:
2. Can you access policy details such as policy number, summary of coverage, premium details, account value, customer service, claim forms, etc.?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:

**ACCOUNTS — CASH, INVESTMENTS, AND OTHER ASSETS:**

1. Do you have a consolidated list of accounts and holdings?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:
2. Are you aware of account values?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:
3. Do you know who's managing the accounts or assets?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:
4. Do you know who else has access?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:

**TAXES:**

1. Do you know your loved one's typical tax obligations?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:
2. Can you access their federal, state, and property tax filings?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:
3. Do you know who helps your loved one prepare their taxes?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:

For a full picture of financial needs, remember to factor in pet care, charitable contributions, and other discretionary spending on services. As we age, we often need more help in and around the house. Consider planning for additional funds for help with cooking, cleaning, and general maintenance.



PLANS: FINANCIAL AND ESTATE:

1. Does your loved one have a formal financial plan?

☐ Y ☐ N Details:

2. Has your loved one completed key planning documents such as a will, trust, estate plan, power of attorney, medical directive/living will, HIPAA release form, or letter of intent?

☐ Y ☐ N Details:

3. Do your loved one's financial advisors have copies of these key documents?

☐ Y ☐ N Details:

4. Do you know who your loved one worked with to complete each item?

(Be sure to use the Important Contacts and Advisors on pages 22–23 of this guide to capture this type of information.)

☐ Y ☐ N Details:

5. Are these contacts current?

☐ Y ☐ N Details:

6. Has your loved one designated beneficiaries where appropriate?

☐ Y ☐ N Details:



LOGISTICS:

1. Do you know where key documents are kept?

☐ Y ☐ N Details:

2. Do you have physical access to property, documents, a safety deposit box, etc.?

☐ Y ☐ N Details:

3. Who else has access?

Details:



Health and wellness conversations

Use this questionnaire to develop a shared view of your loved one's current health status and start the process of planning ahead.

HEALTH:	
Begin by answering the following questions to determine how well you understand your loved one's current condition.	
How would you describe your loved one's general health?	Details: <input type="text"/> <input type="text"/> <input type="text"/>
Can you list the supplements, prescriptions, and over-the-counter medications he or she takes?	<input type="checkbox"/> Y <input type="checkbox"/> N Details: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Have there been any recent changes?	<input type="checkbox"/> Y <input type="checkbox"/> N Details: <input type="text"/>
Hospitalizations?	<input type="checkbox"/> Y <input type="checkbox"/> N Details: <input type="text"/>
Do you know whom your loved one sees for what?	<input type="checkbox"/> Y <input type="checkbox"/> N Details: <input type="text"/> <input type="text"/>
How active is he or she?	Details: <input type="text"/>
Do you know how often your loved one exercises?	<input type="checkbox"/> Y <input type="checkbox"/> N Details: <input type="text"/>

If you're not ready to tackle a full personal health conversation, consider starting by talking with your loved one about their medication list, and their health care provider contacts (see pages 22–23).

End-of-life conversations

Use these questions to better understand your loved one's plans and wishes.

PLANS:	
1. Has a medical directive and/or living will been established?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:
2. Has a health care proxy been designated? If so, who?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:
3. Has a HIPAA release been signed?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:
4. Has your loved one designated any beneficiaries? Are those beneficiaries current?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:
5. Does he or she have a current and complete will?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:
6. Does your loved one have a power of attorney?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:
7. Can you access these documents?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:
8. Do his or her providers have copies of these documents?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:
9. Do you know his or her health care providers?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:
10. Do you know who helped them complete these documents?	<input type="checkbox"/> Y <input type="checkbox"/> N Details:

WISHES:	
1. What's most important to your loved one as he or she thinks about how to live at the end of life?	
2. What does your loved one value most?	
3. How would he or she complete this sentence? "What matters to me at the end of my life is ____."	

Important contacts and advisors

Use this worksheet to help identify your loved one's team of trusted advisors.

ATTORNEY				
Name	Contact	Helps With	Date Done	Location

BANKER				
Name	Contact	Helps With	Date Done	Location

CPA				
Name	Contact	Helps With	Date Done	Location

FINANCIAL ADVISOR				
Name	Contact	Helps With	Date Done	Location

INSURANCE AGENT				
Name	Contact	Helps With	Date Done	Location

DOCTOR				
Name	Contact	Helps With	Date Done	Location



PHARMACY				
Name	Contact	Helps With	Date Done	Location
DENTIST				
Name	Contact	Helps With	Date Done	Location
FRIEND				
Name	Contact	Helps With	Date Done	Location
NEIGHBOR				
Name	Contact	Helps With	Date Done	Location
SERVICE PROVIDER				
Name	Contact	Helps With	Date Done	Location
FAITH COMMUNITY				
Name	Contact	Helps With	Date Done	Location
OTHER				
Name	Contact	Helps With	Date Done	Location

Helpful resources

Interested in learning more? The resources below can help.

- Administration on Aging
- Alzheimer's Association
- Area Agency on Aging
- Centers for Medicare and Medicaid Services
- Family Caregiver Alliance
- Investor Protection Trust
- National Aging in Place Council
- National Alliance for Caregiving
- National Committee for the Prevention of Elder Abuse
- National Council on Aging
- National Institute of Mental Health
- National Institute on Aging
- Stanford Center for Longevity
- The Conversation Project

What's next?

Help prepare your family for the future by creating your own Aging Well plan. Talk with your financial advisor about ensuring that your family's financial future appropriately addresses your own longevity and aging needs as well as those of your loved ones.





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The estimate on page 4 is based on a single person retiring in 2024, 65-years-old, with life expectancies that align with Society of Actuaries' RP-2014 Healthy Annuitant rates projected with Mortality Improvements Scale MP-2021 as of 2022. Actual assets needed may be more or less depending on actual health status, area of residence, and longevity. Estimate is net of taxes. The Fidelity Retiree Health Care Cost Estimate assumes individuals do not have employer-provided retiree health care coverage, but do qualify for the federal government's insurance program, original Medicare. This calculation takes into account Medicare Part B base premiums and cost-sharing provisions (such as deductibles and coinsurance) associated with Medicare Part A and Part B (inpatient and outpatient medical insurance). It also considers Medicare Part D (prescription drug coverage) premiums and out-of-pocket costs, as well as certain services excluded by original Medicare. This estimate does not include other health-related expenses, such as over-the-counter medications, most dental services and long-term care.

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