



The Retirement-Ready Investor Presentation Outline

The purpose of the Retirement-Ready Investor seminar is to share tips on how to have a successful retirement.

This seminar will review key retirement planning strategies:

1. Retirement do's and don'ts
2. Managing investments
3. Income planning
4. Insurance advantages
5. Estate planning

**The moderator will open questions to the audience after each section of the presentation.*



#CFCUeducates

Meet Our Speakers

Mikael Hallstrom, Congressional Financial Network

Mikael is a Wealth Advisor with the Congressional Financial Network. He has a Bachelor's degree in Finance and holds his Series 7, 63, 66, and Life and Health Insurance licenses. Since entering the financial industry in 2007, he has specialized in providing comprehensive financial advice with concierge-style service to individuals, families, and small business owners. Mikael spends time educating his clients and helping them make purpose-driven financial decisions, while covering all areas of personal and small business finance from cash and debt management, to investments and retirement planning, asset protection, tax management strategies, and estate planning strategies.

Alicia R. Truitt, Esq., The Estate Planning and Elder Law Firm

Alicia practices law in the areas of estate planning and elder law. She is named by her peers as a member of Virginia Super Lawyers Rising Star for 2007 & 2008 in Law & Politics Magazine. She received her Bachelor of Arts (B.A.) from the College of William and Mary and her Juris Doctorate (J.D.) from George Mason University School of Law. She oversees the drafting and execution of the estate and incapacity planning documents. Alicia is admitted to practice law in Virginia and the District of Columbia and joined the firm in 2000.

THE ESTATE PLANNING & ELDER LAW FIRM, P.C.

William S. Fralin, Esq. President

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Here for the Hill. Here for You.

Personal Events that could trigger a need for financial analysis:

Multiple events can affect your financial analysis, including:

- Birth
- Inheritance
- College entrance or graduation
- Annual gift giving
- Preschool starting or ending
- Loans being paid off
- Bonuses
- CDs, Bonds, and T-Bill maturing
- Pay raises
- Marriage/Divorce
- Promotions
- Retirement
- Termination from work
- Payouts from trusts
- Death
- Gifts received annually
- Private primary and secondary school expenses

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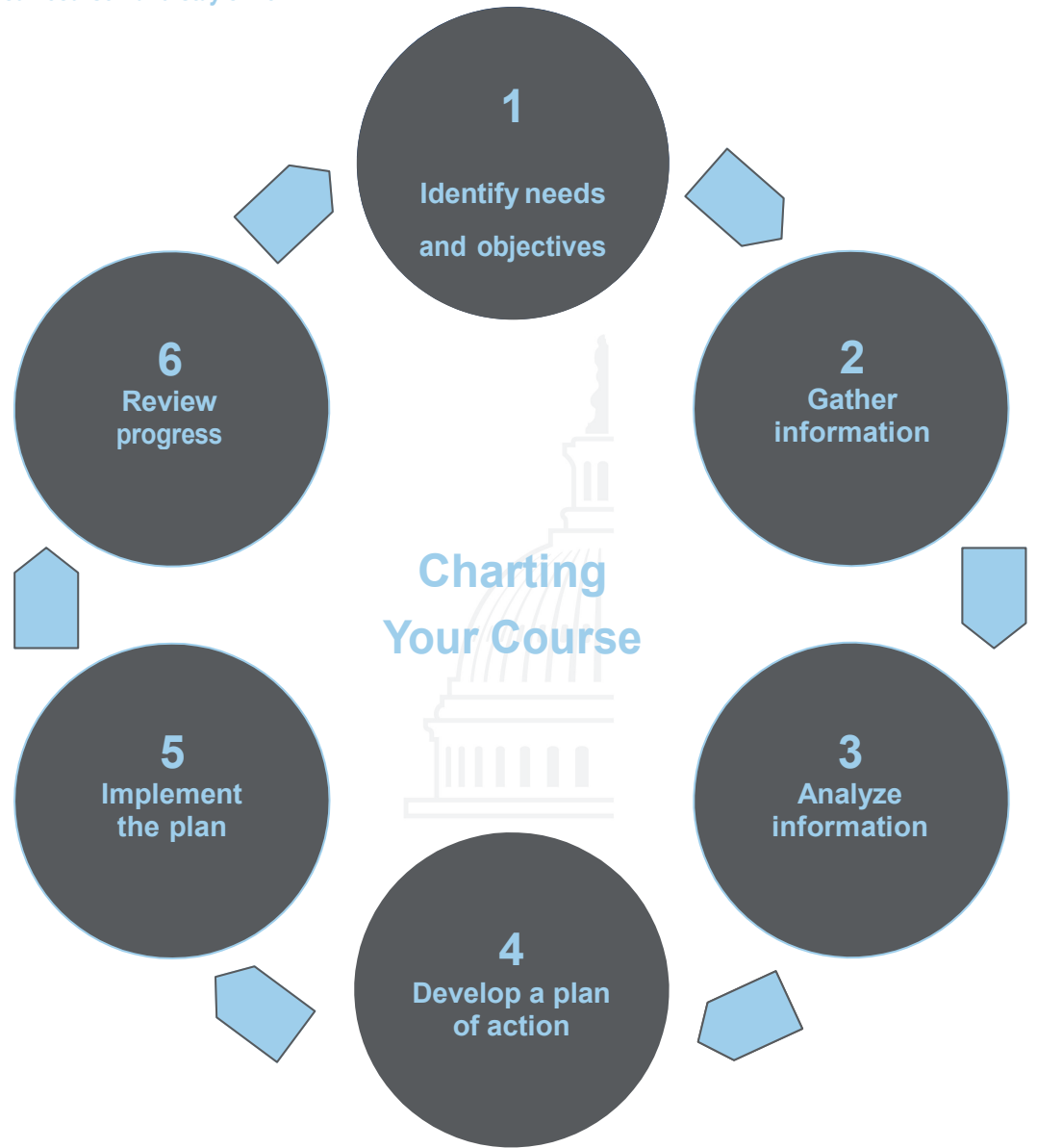
Staying on Course

Now that we've explored where you are today, and where you want to go, I want to show you the steps in the process we can use to help chart your course—and stay on it.

- 1–3** We've already begun to look at your overall picture in light of your financial objectives and dreams. Coupled with your needs for maintaining cash reserves as well as managing risk and debt, we'll gather and analyze additional information to further clarify your needs.
- 4–5** To help you work toward your goals, we'll need to define a strategy and implement it.
- 6–1** Critical to our success is determining if our strategy is keeping us on the course we wish to follow, and ensuring your needs and life events have not favored a change in strategy. After reviewing our progress and identifying any new needs or objectives, we will begin the process again to keep you on course to pursue your objectives.

One more thing to consider
In order to ensure you get the most out of our working together, it will help to imagine us sitting down three years from now. What will have to have happened in those three years for you to feel we have had a successful working relationship?

Taking the next steps
If you feel I can help you chart your course, and would like to work with me, we can schedule a meeting to review any additional documents we may need to further complete steps two and three (such as pay stubs, brokerage account statements, and retirement account information). Then we can begin the exciting process of developing strategies to chart your course toward the future you envision.



Diversification does not guarantee a profit or protection from losses in a declining market. All investments involve the risk of potential investment losses and no strategy can assure a profit

Securities offered through Securities America Inc., Member FINRA/SIPC, Mikael Hallstrom, John Moran, Registered Representative. Advisory Services offered through USAdvisors Wealth Management, LLC., Mikael Hallstrom, Wealth Advisor. Congressional Federal Credit Union, USAdvisors Wealth Management, LLC and Securities America are unaffiliated.

Investments are not FDIC or NCUA Insured – Not guaranteed by any financial institution – May Lose Value

In a Crisis?

Our **Elder Law Attorneys and Social Workers** can provide you with **instant relief**.

- Stabilize Existing Crisis
- Relief for the Caregiver
- Protect and Preserve Assets
- Advocate for Quality Care
- Assess Care Needs
- Admission to the Appropriate Facility
- Clarify All Financial Options
- Mediate Family Issues

CHRONIC CARE ADVOCACY

Chronic Care Advocacy can proactively address the elder's needs due to a chronic condition.

FAMILY BENEFITS:

- Clear list of all available options.
- Relieve anxiety.
- Guidance with legal, health care, and long-term care decisions.
- Confidence having the most effective advocacy for ongoing care.
- Spouse and dependents provided for.
- Peace of Mind knowing quality care is proactive.

ELDER BENEFITS:

- The Right Care Sooner
- Preservation of Independence
- Protection of Assets
- Age with Dignity
- Security & Advocacy

Signs that Families Need Help!

Are you, your family members, or friends, struggling to meet the needs of an aging loved one? If you see any of these signs of distress, the family may benefit from Chronic Care Advocacy.

The Primary caregiver is suffering from burnout, failing health, frustration, guilt or exhaustion.

Family members are confused about care options, what to do next, or where to get help.

The elder was recently diagnosed with dementia, Alzheimer's, Parkinson's, Lou Gehrig's, or other chronic condition.

The elder is experiencing failing health with no support system where she/he currently lives.

Family members have discovered the elder wandering, malnourished, dehydrated, or unable to provide self care.

The elder is worried about paying for high costs of long term care.

Friends and family are voicing concerns about the elder's condition.

The elder is hospitalized and the family has been told that returning home is not an option.

Offices in:

VIRGINIA ————— (703) 243-3200
MARYLAND ————— (301) 214-2229
WASHINGTON, DC — (202) 223-0270

OVERWHELMED?

Caring for a Loved One?

DON'T KNOW WHAT TO DO?

Our **Elder Law Attorneys and Social Workers** help families plan for, pay for, and secure quality care while preserving your assets.

Get instant relief today!



THE ESTATE PLANNING
& ELDER LAW FIRM, P.C.

Licensed in DC, MD & VA
William S. Fralin, Esq., President

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ESTATE, INCAPACITY
AND
CHRONIC CARE PLANNING

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ESTATE PLANNING:

INTESTACY

Intestacy occurs upon an individual's death when no estate plan, (i.e. a Will or a Revocable Trust), has been made by a decedent. In instances of intestacy, a court-appointed administrator will supervise the estate through the probate court system. The administrator's actions will be limited to the confines of existing state law which directs what costs and creditors are to be paid and to whom your assets will be distributed, which could include **unintended** beneficiaries.

PROBATE

A court system and process under which an Executor/Personal Representative (Testate) or Administrator (Intestate) oversees the settlement of an estate following an individual's death. The probate court also appoints a Guardian or Custodian for an incapacitated adult (or minor children). Guardianship is a probate proceeding occurring during an individual's life.

The essential purpose of the probate court system is to oversee and re-title assets held by a decedent, minor or ward.

I. Assets **Subject** to Probate

- A. All assets held in your name **individually** at the time of your death.
- B. Property held as a "Tenant In Common" (a separate interest not subject to survivorship rights).
- C. Proceeds of Life Insurance and other Beneficiary Designations (Pensions, IRA, etc.) made payable to your estate.

II. Assets **Not** Subject to Probate

- A. Assets titled in and held by a Revocable Trust.

- B. "Payable on Death" (POD) designations paid to Beneficiaries other than your estate.
- C. Beneficiary Designations and/or Proceeds of Life Insurance made payable to someone other than the decedent's gross estate (Pensions, IRAs, etc.).
- D. Assets held as a "Joint Tenant With Rights of Survivorship" are not subject to probate upon the death of the first tenant. The surviving joint tenant(s) by operation of law become the owner of the asset in their individual name(s). If the asset is held by the **surviving** joint tenant at his or her death the asset **will be** subject to probate.

III. Disadvantages of Probate

A. Court Supervision:

While not always undesirable, especially in contested matters or those involving creditors, Court supervision adds administrative requirements and deadlines. Court officials will review all estate decisions and make periodic determinations as to whether all requirements have been met. A degree of control by one's family is lost at this juncture. A lack of flexibility becomes a part of the process.

B. Costs:

Executor/Personal Representative, Legal and Court fees attributable solely to probate can increase costs for the administration of an estate.

C. Public Records:

Any and all estate documents (including, but not limited to wills, inventories, and court accountings) become public records and are available to the general public for review.

D. Time & Delays:

Most jurisdictions permit a will to be contested for a statutory period following the date of death. Consequently, many Executors/Personal Representatives will not distribute assets until after the statutory period has passed. Frequently court-supervised administration can add years to the process.

E. Location of Assets:

Individually held real property located in different states will require a probate proceeding in **each state**. This ancillary probate can create additional administrative costs and delays. If a trust holds the property in its name probate is not required.

WILL

I. A will is the estate planning document traditionally used to state the intent and desires of an individual that will take effect and be binding on the surviving parties at his or her death.

II. Functions of a Will

A. To appoint Executor/Personal Representative of your estate.

B. To nominate a guardian for your minor children.

C. To transfer tangible personal property (furniture, jewelry, clothes, etc.) and to transfer all non-tangible personal property and real property in your estate. All transfers are affected through the "dispositive provisions".

D. To govern all property subject to probate.

III. Limitations of a Will as your **sole** estate planning document

- A. Wills do not have provisions for your mental or physical incapacity. They are only effective upon your death. Guardian and conservator proceedings would be required if no additional documents have been executed.
- B. Wills are subject to contest. The publicly filed documents of the probate process facilitate such suits by providing information which otherwise would be normally unavailable to potential claimants.
- C. When used alone, a Will for an estate valued over a few thousand dollars will result in supervision by the probate court.

TRUST

- I. A trust is an agreement whereby an individual places assets under the management of a trustee on behalf of the beneficiary(s).
 - A. Trust terms may be recorded through provisions in a Will to not become effective until the Grantor dies. This is called a Testamentary Trust. Trust terms may also be made under a trust agreement to become operative at once. This is known as a Living (or inter vivos) Trust.
 - B. A trust always comprises at least three parties:
 - 1. The (Grantor/Settlor) - the creator of the trust.
 - 2. The Trustee - the administrator of the trust.
 - 3. The Beneficiaries - the recipient of the trust benefit.
 - C. There may be more than one (1) trust grantor, trustee or beneficiary.
- II. A trust agreement and/or a will sets forth in detail the terms, conditions, rights, duties and obligations of both the grantor and the trustee.

- A. A trust instructs the trustee as to how investments and re-investments are to be made, if the trustee is given discretion in this regard. It also directs when the trust is to end, to whom income is to be paid and to whom the trust principal is to be distributed.
 - B. The trust agreement may also state whether the trust is revocable or irrevocable, subject to amendment and other relevant matters.
 - C. Custody of the trust assets and the title are conveyed to the trustee to be administered according to the term of the trust.
- III. The legal theories supporting trusts and their use are firmly established in our legal system. Trusts have been with us since the world's earliest civilizations. Under our legal system, trusts have been used since the beginning of the English Common Law.

REVOCABLE LIVING TRUST

- I. A revocable living trust is a legal document which is very similar to and in some ways operates like a will. Unlike a will, a revocable living trust avoids probate during periods of incapacity and upon death. Consequently, there is no disruption of management or administration. Additionally, a revocable living trust is a private legal document available only to the parties it affects, its beneficiaries, the IRS and (if applicable) the State taxing authority.
 - A. Routinely the grantor acts as trustee for himself or herself until death or incapacity. If the grantor designates himself or herself as trustee, the trust will contain provisions for successor trustees in the event that the grantor cannot serve or continue to serve. A competent family member(s), especially a spouse, often acts as successor trustee. If something happens to the grantor, the successor trustee immediately steps in to continue to manage the trust as long as necessary.
 - B. After recovering from incapacity, the original trustee can re-assume the trustee role.

- C. Asset management and/or administration can be achieved through corporate fiduciaries, bank trust departments other professionals, such as attorneys or CPAs, or by individuals. The grantor will designate who will act as trustee.
- II. The revocable living trust becomes the owner of assets formerly owned by the grantor. A revocable trust allows the grantor, at any time during his or her life while not incapacitated, to revoke the trust and place the assets back into his or her individual name. A grantor does not lose control over his or her property. Trust assets can be easily added, removed, bought or sold at any time.
- A. To avoid probate, assets are titled in the name of the trust. This form of ownership is based upon legal ownership vesting in the trustee and equitable title remaining with the grantor.
 - B. **A Revocable Living Trust does not avoid Estate taxes.** Specific provisions must be in a Revocable Living Trust or in a Will to reduce Estate taxes.
 - C. Not everyone needs a revocable living trust. Some people are not comfortable with the concept of a trust. Others have smaller estates that do not justify the cost of drafting a trust.
 - D. The revocable living trust should be considered as an estate planning tool. You and your attorney should discuss if it is appropriate for your needs.
- III. Funding the Trust
- A. **The key to avoiding probate is to properly fund the trust.**
 - B. Funding refers to transferring property to the trust. It is simply a matter of re-titling the grantor's assets, e.g., from "John Smith" to "John Smith Trust dated January 1, 2012, John Smith, Trustee".

C. Potential disadvantages of a revocable living trust are:

1. The expense of drafting a Trust is greater than that of a will.
2. Asset ownership must be transferred to the trust to be effective.
3. Assets placed into a trust, which a husband and wife formerly owned as tenants by the entirety loses protection from creditors.

IV. Pour Over Will

A will is still necessary even with a revocable living trust. A “Pour Over” Will provides for any assets **individually** owned by a grantor outside of the trust at the time of death to be "poured-over" into the trust. Those assets are then distributed according to the terms of the trust. A will may also be used to transfer certain assets (such as tangible personal property) directly and not in trust as well as to appoint a guardian for minor children.

INCAPACITY PLANNING:

I. Financial & Asset Management

A. Durable General Power of Attorney

1. A Durable General Power of Attorney is a legal document governed by the Law of Agency. The principal, the party creating the document, grants his/her agent, the attorney-in-fact, the powers stated in the document.
2. This document is drafted broadly to cover a wide range of contingencies such as incapacity or absences due to foreign travel. The attorney-in-fact can perform for an individual any and all acts authorized in the power of attorney.
3. Special durable provisions are required to ensure that the power of attorney will continue to be effective upon an individual's

incapacity. A power of attorney is automatically revoked upon death. A will or trust will then govern the disposition of the decedent's estate. Court costs, legal fees, time and emotional stress are avoided in the event an individual becomes legally incompetent or incapacitated. Guardianship proceedings will not be necessary.

4. "Springing" provisions direct that a power of attorney take effect only during the principal's incapacity.

CAUTION:

Many corporate institutions are increasingly hesitant to accept powers of attorney. It serves as a good back-up to the trust, but the trustee designation is often favored. A trustee holds actual legal title to property the Trust holds. An agent holds no title and is only acting on the behalf of his or her principal. This is a very powerful document! Only give this authority to a competent and trustworthy party.

II. Mental and Physical Incapacity Planning

A. Durable Medical Power of Attorney

1. A durable medical power of attorney operates under the same legal principles as the financial power of attorney.
2. The maker of the durable medical power of attorney appoints an attorney-in-fact to make health care decisions if two (2) physicians determine that the principal is incapable of making an informed decision concerning his or her health care. The attorney-in-fact makes the health care decisions that the principal would have made for himself or herself, taking into consideration the provisions of the Advance Medical Directive and the Durable Medical Power of Attorney. The decisions that the attorney-in-fact makes on the principal's behalf are those which he or she believes the principal would have made for himself or herself. The attorney-in-fact shall also be guided by preferences an individual provides to him or her either before or after the individual has signed the power of attorney, including any

information given by the physician to the agent as to the medical diagnosis and prognosis, intrusiveness, pain, risks and side effects associated with a specific treatment.

B. Advance Medical Directive

1. The U.S. Supreme Court in a case entitled Cruzan v. Director, Missouri Department of Health, 110 S. Ct. 2841 (1990), upheld the constitutional right to refuse medical treatment but held that a state could not be compelled to withhold life-sustaining measures unless the patient had previously made his or her desires known in a **clear and convincing** manner.
2. An advance medical directive allows for the refusal of treatment when an individual is either terminal or non-terminal (i.e. persistent vegetative state or irreversible coma). It is frequently referred to as a “living will.” Emotional distress and extraordinary medical costs can be avoided by making your intent clear with this signed declaration. Without an advance medical directive doctors fearing litigation may not terminate artificial life support.
3. The advance medical directive addresses only extraordinary medical decisions regarding life-sustaining decisions. More mundane decisions such as changing health insurance, hiring and firing medical personnel, admission to a hospital, hospice or nursing home, etc., require the general medical power of attorney, which addresses the full range of potential circumstances.

FEDERAL INCOME AND ESTATE TAXES

I. Income Taxes - Grantor Trust

The revocable living trust is deemed by the IRS to be a grantor trust and does not exist as a separate taxable entity for income tax purposes, requiring a separate tax return to be filed. Upon the grantor’s death, when

the trust can no longer be revoked, the trust becomes a separate tax entity. At that time, the trust will apply for a separate tax identification number. The trust's tax identification number is the grantor's Social Security number until the grantor's death. Any income earned by the trust is reportable on the individual's income tax return.

II. Federal Estate Taxes

Unlike income tax, Estate and Gift taxes are paid for the privilege to transfer property. The transferor or donor pays the tax, which is based upon the value of the assets transferred. The Federal Estate and Gift taxes are unified under the same IRS schedule. With minor exceptions, gifts during your lifetime would be taxed in the same manner as if the asset were included in your Gross Federal Estate at your death.

III. Gross Taxable Estate

The Estate Tax is based upon the value of your gross estate. Gross estate consists of all assets owned and/or controlled by a decedent at his or her death, including:

- A. All assets in your Probate estate.
- B. All assets in your Revocable Living Trust.
- C. The full value of proceeds of life insurance owned and/or controlled by a decedent.
- D. Pension and annuity death benefits.
- E. "Joint With Rights of Survivorship" property. Husband and Wife are deemed to own one-half each. Joint tenants other than spouses have the burden of proving the appropriate share to be included in their estate according to the property law of the jurisdiction.
- F. Lifetime taxable gifts. You will, however, get a credit for gift taxes paid.

IV. Primary Estate and Gift Tax Deductions, Credits and Exemptions

A. Unlimited Marital Deduction:

An unlimited marital deduction exists for all assets being transferred to your spouse if he or she is a U.S. citizen. Any assets transferred to your spouse will pass free of tax.

B. Lifetime Exemption:

Every U.S. citizen can, during life or at death, pass up to anyone free of estate or gift tax.

	Year	Lifetime Exemption	Top Rate	
	2002	\$1 million	50%	
	2003	\$1 million	49%	
	2004	\$1.5 million	48%	
	2005	\$1.5 million	47%	
	2006	\$2 million	46%	
	2007	\$2 million	45%	
	2008	\$2 million	45%	
	2009	\$3.5 million	45%	
Option 1	2010	Repealed	0%	*No stepped up basis
Option 2	2010	\$5 million	35%	*Stepped up basis
	2011	\$5 million	35%	
	2012	\$5 million	35%	
	2013	\$5.25 million	40%	

C. \$14,000 Annual Gift Tax Exclusion:

Any individual can give away up to \$14,000 annually, per individual, to an unlimited number of people without incurring gift taxes. A husband and wife can give away a split gift of \$28,000, per individual.

In addition, education and medical costs can be paid without limit directly to such institutions on the behalf of another without gift tax.

D. Charitable Deduction:

Gifts to charities are deductible against income, gift and estate taxes. Certain charitable gifts, such as future interests (i.e. charitable remainder trusts) must meet IRS requirements.

E. Generation Skipping Tax:

An additional tax is imposed on transfers to individuals more than one generation removed from a decedent. A \$5,250,000 lifetime exemption exists for these types of transfers. This mirrors the Unified Credit.

CHRONIC CARE PLANNING:

LIFE EXPECTANCY

The average Baby Boomer will live to be 83 years old, and by 2030 there will be 70 million Americans over the age of 65 in the United States – comprising of an estimated 20-25% of the total population!

CHRONIC CONDITIONS

Chronic conditions are now a major cause of illness, disability and even death in the United States – almost 100 million Americans currently have a chronic condition and many more will develop these conditions as America continues to age. Chronic conditions are illnesses or impairments that cannot be cured, and often have persistent or recurring health consequences that last for years, and can cause significant limitations in a person's ability to perform activities of daily living, ADL's, such as bathing, dressing, toileting, grooming, etc. Common chronic conditions include congestive heart failure, chronic obstructive pulmonary disease, arthritis and dementia just to name a few.

QUALITY CARE

As of February 2011, an estimated 1.5 million people resided in nursing homes throughout the United States. As difficult as a decision that it is, sometime choosing to move your loved one into a facility is the best option when their medical needs are too advanced to be met in the comfort of their own home. With more and more older adults aging and moving into facilities it is imperative that families are well-informed about the facility, and are able to advocate for their loved one to ensure that they are receiving the best quality of care possible.

SENIOR HOUSING

Independent Living

These “senior adult only” communities often include apartments, condos, even small homes and offer extra services/features that seniors would find beneficial. Such services may include home maintenance, transportation services, planned social outings, and community activities. Typically this living situation is best for independent adults who are generally in good overall health and do not require any medical assistance.

Continuing Care Retirement Communities (CCRC's)

These special communities allow for seniors to “age in place” meaning that as time progresses and there is a need of additional assistance with activities of daily living (i.e. bathing, dressing, eating) seniors are able to transfer to an assisted living and/or nursing facility within the CCRC. Often this option brings some peace of mind in knowing that long-term needs will be met without having to relocate.

Group Homes

A group home is a housing option for seniors and those with disabilities who are not able to live independently, but also do not need constant medical supervision. Often group homes have a common area where meals are provided, and staff assists with medication management. Typically those who live in a group home are self-compliant and ambulatory.

Assisted Living Facilities

Assisted Living Facilities are for those who need some help with activities of daily living (i.e. bathing, dressing, and eating) but do not require nursing home level of care. Typically services are either included in the monthly cost or at an additional a la carte charge.

Nursing Facilities

Often referred to as Skilled Nursing Facilities, SNF, these facilities are licensed to provide skilled nursing service by licensed nursing staff and are for seniors who require around the clock care. Residents of SNF have a variety of needs that range from supervision with activities of daily living (i.e. bathing, dressing, eating) to total care. Resident's personal rooms can be private or shared with either private or shared bathrooms. Recently, facilities have moved away from the healthcare environment to one that resembles the comforts of home (common social areas, gardens, patios and sometimes even pets!)

Memory Care

Many facilities now offer specialized programs for residents that suffer from forms of memory loss, such as Alzheimer's disease or other dementias. Memory care units are often in nursing facilities, assisted living facilities or residential communities.

Respite Care

This service is a temporary or short term care solution intended to provide care givers a break from their daily responsibilities of caring for their loved one. Respite care can be arranged in an emergency or as a planned stay. The usual length of respite care can vary from two days up to one full month.

THREE WAYS TO PAY FOR CHRONIC CARE

PRIVATE PAY/SELF INSURANCE

The estimated annual care costs for 2011 for nursing home care in Washington, D.C. ranges from \$102,930 - \$108,587; Maryland is \$82,855 - \$89,972 and the Virginia state median ranges from \$69,715 - \$77,380. The annual cost for assisted living facilities ranges from \$39,600 - \$52,200 throughout DC,

MD, and VA. Of course you or your loved one may choose to pay for these costs out of pocket, or turn towards other forms of financial assistance to help alleviate these high costs of care.

LONG TERM CARE INSURANCE

Long term care insurance is a type of insurance that is designed to cover the costs of chronic care services, most of which are not covered by traditional health insurance and/or Medicare. The cost of you long term care insurance depends on the type and amount of services that you choose to have covered, how old you are when your first purchase the policy, and any other optional benefits you may choose.

ENTITLEMENT PROGRAMS

Medicare

Medicare is a health insurance program for people age 65 and older, people under the age of 65 with certain disabilities, and people of all ages with End-Stage Renal Disease. Medicare has multiple parts: A, B, C, and D – each part covers different services.

Veterans Benefits

The U.S. Department of Veterans Affairs (VA) administers a variety of benefits and services to assist wartime veterans, their dependents, and/or their surviving spouses to receive the financial support necessary to ensure their care while living in their own home, an assisted living facility, or a nursing home.

Medicaid

Medicaid is a health insurance program for the blind, disabled and aged, not covered by Medicare and/or private insurance. It is state administered and each state sets its own guidelines subject to federal rules. Medicaid will usually pick up healthcare costs not covered by Medicare (i.e. long term care in a nursing facility) if you meet both the financial and medical requirements.

About the Author

William (Bill) S. Fralin is a nationally known elder law attorney. He is the founder and shareholder of the Estate Planning & Elder Law Firm, P.C., which has offices in Virginia, Maryland and

the District of Columbia. The firm has represented over 7,000 clients throughout the Washington Metropolitan area. In addition to the practice areas of estate and incapacity planning, the firm has also been a pioneer in Chronic Care Advocacy as the first elder law firm in the region to add social workers (3) and a registered nurse to its staff. A Chronic Care Advocacy representation offers the best in care advocacy and asset protection available for an individual with a chronic condition. A prolific speaker, Bill has spoken to over 400 audiences and venues on the subjects of estate and incapacity planning, chronic care advocacy, asset protection, qualifying for the government entitlements and obtaining quality long term care. He has also appeared on both television and radio programs.

Bill has been named in over 50 articles in publications including: one of the Best Law Firms by U.S News & World Report, 2013; one of the premier Elder Law Attorneys by Best Lawyers in America 2012-2013; one of the top Elder Law Attorneys by Washington Post Magazine, 2011-2013, one of the top Elder Law Attorneys by D.C. Magazine, 2011-2012.; one of the overall top 100 Attorneys in the District Of Columbia by D.C. Super Lawyers Magazine, 2007; one of the top Elder Law Attorneys, Washingtonian Magazine, 2004, 2007 and 2009; one of the overall top 50 Attorneys in Virginia, Virginia Business Magazine, 2006; one of Virginia's Legal Elite, Virginia Business Magazines, 2004-2016; D.C. Super Lawyers Magazine, 2006-2016. As of January 2016, Mr. Fralin was one of 13 attorneys practicing in the Commonwealth of Virginia, one of 2 in the District of Colombia, one of 5 in the State of Maryland and one of 475 in the United States who are currently certified in Elder Law (CELA) by the National Elder Law Foundation, the only organization approved by the American Bar Association to offer certification in the specialization area of Elder Law. In 2003, Mr. Fralin attained the highest rating available (AV) for legal abilities and ethics from Martindale Hubbell Directory and since 2006, has been listed in The Bar Register of Preeminent Lawyers. Mr. Fralin is an accredited attorney for the preparation, presentation and prosecution of claims for Veteran Benefits before the Department of Veterans Affairs (VA).

Before founding the firm in 1994, Mr. Fralin previously worked as a trust officer with First American and First Union Banks during which time he was responsible for over one hundred personal trusts with market value assets exceeding forty million dollars (\$40,000,000). He is a graduate of the University of Virginia and the University of Baltimore School of Law. He is licensed to practice in Virginia, Maryland, the District of Columbia, and before Tax Court of the United States and the Supreme Court of the United States. Mr. Fralin is a member of the Northern Virginia, Maryland and the District of Columbia Estate Planning Councils, the National Academy of Elder Law Attorneys (a founding director of the Virginia Chapter), the Life Care Planning Law Firms Association, the Trusts and Estate Sections of the Virginia, Maryland, District of Colombia, Arlington County, VA (1995-96 Co-Chair; 2001-2002 Chair), Montgomery County, MD, Prince George's County, MD Bar Associations.

Seminar Evaluation

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Are you currently a Congressional Federal member? <input type="radio"/> Yes <input type="radio"/> No
Would you like to see more seminars offered? <input type="radio"/> Yes <input type="radio"/> No
The content of the seminar was: <input type="radio"/> Too Introductory <input type="radio"/> Just Right <input type="radio"/> Too Advanced
How did you hear about the seminar? <input type="radio"/> Email <input type="radio"/> Social Media <input type="radio"/> CFCU Website <input type="radio"/> Newspaper
What do you feel were the most valuable topics covered?

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