



Long-Term Care Partnership Insurance in Montana Evaluation

Date _____

Group: _____

A. In my opinion, the usefulness of the **Long-Term Care Partnership Insurance in Montana** program was (circle one):

No Use at All Useful Very Useful
 1 2 3 4 5

B. As a result of attending the **Long-Term Care Partnership Insurance** program, I did the following: (Check the appropriate boxes):

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Discussed <i>Long-Term Care Partnership Insurance</i> with my spouse/partner.
<input type="checkbox"/>	<input type="checkbox"/>	2. Discussed <i>Long-Term Care Partnership Insurance</i> with my siblings.
<input type="checkbox"/>	<input type="checkbox"/>	3. Discussed <i>Long-Term Care Partnership Insurance</i> with my parents.
<input type="checkbox"/>	<input type="checkbox"/>	4. Shared information about <i>Long-Term Care Partnership Insurance</i> with friends and relatives.
<input type="checkbox"/>	<input type="checkbox"/>	5. Shared information about <i>Long-Term Care Partnership Insurance</i> with my adult children.
<input type="checkbox"/>	<input type="checkbox"/>	6. Researched the costs of a Long-Term Care Partnership Insurance policy by calling or going to the Website of some of the companies listed by the Montana Commissioner of Securities and Insurance.
<input type="checkbox"/>	<input type="checkbox"/>	7. Downloaded the <i>2011 Montana Long-Term Care Rate Comparison Guide</i> published by the Montana Commissioner of Securities and Insurance.
<input type="checkbox"/>	<input type="checkbox"/>	8. Downloaded <i>A Shoppers Guide to Long-Term Care Insurance</i> published by the National Association of Insurance Commissioners.
<input type="checkbox"/>	<input type="checkbox"/>	9. Downloaded the <i>Long-Term Care Partnership Insurance MSU Extension MontGuide</i> .
<input type="checkbox"/>	<input type="checkbox"/>	10. Downloaded the <i>Medicaid and Long-Term Care Costs MSU Extension MontGuide</i> .
<input type="checkbox"/>	<input type="checkbox"/>	11. Purchased a <i>Long-Term Care Partnership Insurance Policy</i> .
<input type="checkbox"/>	<input type="checkbox"/>	12. Shared the <i>Long-Term Care Partnership Insurance Policy MontGuide</i> with members of an organization I belong to.
<input type="checkbox"/>	<input type="checkbox"/>	13. Other action, please describe:

C. About you: a. Male b. Female

D. Age: under 30 51 - 60
 31 - 40 61 - 69
 41 - 50 70 and over

E. The most important thing I gained from the presentation “**Long-Term Care Partnership Insurance in Montana**” is.....

F. My suggestion for improving the presentation “**Long-Term Care Partnership Insurance in Montana**” is.....

G. Other comments I would like to share about the presentation “**Long-Term Care Partnership Insurance in Montana**” (feel free to write on back)