

Longevity & Legacy Blueprint

Protect Your Health. Preserve Your Wealth. Build Your Dynasty.

\$300K+

Average lifetime medical costs in retirement per couple

1 in 4

Workers will experience a disability before reaching retirement age

70%

of Americans will need long-term care support after age 65

*"Your financial plan is only as strong as your health plan.
Most advisors only see half the picture."*



Olivia Yates, BSN, RN

CERTIFIED WEALTH STRATEGIST

LICENSED LIFE & HEALTH INSURANCE AGENT

21+ Years in Nursing · Psychiatric Mental Health Nurse · Alzheimer's Advocate

HEALTH. · WEALTH. · LEGACY.

WELCOME TO THE BLUEPRINT.

Most financial professionals are trained to protect your money from three forces: market volatility, taxation, and inflation. What they are not trained to see — and what I see in my clinical work every day — is the fourth force. A serious health event does not ask for permission. It does not wait until your finances are ready. This Blueprint was built to close that gap, permanently.

Every strategy in this Blueprint must pass one test — Does it increase my Net Worth or protect my Assets? If a health event could dismantle it overnight, it is not a plan. It is a hope.

THE 4 SILENT THREATS ERODING YOUR LEGACY

What Your Financial Advisor Isn't Trained to See

01 Market Volatility

A 30% market correction requires a 43% gain just to break even. Most families have no idea whether their retirement date aligns with a market downturn — until it does.

02 The Tax Trap

Your 401(k) is a partnership with the IRS — the silent partner who collects at retirement. High withdrawals trigger IRMAA Medicare surcharges at \$106K (Single) / \$212K (Joint). If tax rates rise, your retirement income quietly shrinks.

03 Inflation Erosion

Inflation cuts your real retirement income in half every 20 years. A savings account earning 0.5% while inflation runs at 3–4% is a losing position disguised as security.

04 Health Events & Chronic Illness

A cancer diagnosis, heart attack, stroke, kidney disease, or progressive chronic illness systematically dismantles wealth through lost income, out-of-pocket costs, and long-term care expenses arriving simultaneously. This is the threat your financial advisor is not equipped to anticipate.

CLINICAL INSIGHT — OLIVIA YATES, BSN, RN

As a registered nurse in community mental health, I have witnessed what happens when a serious health event collides with a financial plan that was never designed to absorb it. The health crisis and the financial crisis arrive at the same time. Your plan must be built to handle both — before either appears.

The 6-Pillar Longevity Audit

Every Pillar Evaluated Through a Dual Lens: Health Risk and Wealth Risk

Before any strategy is built, we assess where you actually stand — clinically and financially. This is what separates a Longevity Strategy from a standard financial plan.

PILLAR	HEALTH RISK (Clinical Lens)	WEALTH RISK (Financial Lens)
Health Architecture	Chronic disease burden, functional capacity, medication complexity, projected care trajectory	LTC cost exposure, uninsured health liabilities, disability income gaps
Asset Structure	Caregiver burnout risk when assets are illiquid during a health event	Real estate equity, investments, idle capital — full Bucket balance audit
Protection Layer	No chronic/critical/terminal illness coverage = family becomes the financial plan	Life insurance with Living Benefits, LTC riders, disability income protection
Legacy & Estate	Incapacity without legal documents means a court controls your care and assets	Will, trust, POA, beneficiary designations — current and legally sound
Income Strategy	Income disruption during a health crisis leaves families exposed for years	Tax-free income streams, Roth conversions, IUL distribution architecture
Capacity Safety Net	Functional decline from illness, injury, or surgery can impair financial decision-making	Financial POA, fraud protection, account safeguards, written care preferences

Medicare vs. Medicaid

Know the Difference Before a Crisis Forces You To

Most families use these two words interchangeably. They are not the same program. They do not cover the same things. And confusing them is one of the most expensive mistakes a family can make when navigating a loved one's care.

MEDICARE — Federal Health Insurance

Federal health insurance primarily for adults 65 and older — or younger adults with certain disabilities. You earn Medicare eligibility through your work history and Social Security contributions.

WHAT MEDICARE COVERS	WHAT MEDICARE DOES NOT COVER
Hospital stays (Part A)	Long-term custodial care
Doctor visits (Part B)	Most nursing home care beyond 100 days
Prescription drugs (Part D)	Dental, vision, and hearing (standard)
Some home health care	Assisted living facilities

The critical gap most families miss: Medicare will pay for short-term skilled nursing care after a qualifying hospital stay — but only up to 100 days and with significant co-pays after day 20. After that the family pays out of pocket.

MEDICAID — Joint Federal and State Program

A program for individuals with limited income and assets. Unlike Medicare, Medicaid DOES cover long-term custodial care — nursing home care, assisted living in some states, and home-based care.

WHAT MEDICAID COVERS	THE CATCH
Long-term nursing home care	Must meet strict income and asset limits
Home and community based care	Asset spend-down may be required
Some assisted living	Rules vary significantly by state

The most important thing to understand: To qualify for Medicaid long-term care benefits, a person must have very limited assets. Many families are forced to spend down their savings before Medicaid will step in — a process that can devastate a lifetime of wealth building.

CLINICAL NOTE — OLIVIA YATES, BSN, RN

As a registered nurse I have watched families make urgent, uninformed decisions about care placement because they assumed Medicare would cover everything. It will not. Understanding this difference before a crisis is not optional — it is essential.

Dementia, Alzheimer's & Your Financial Plan

What Every Family Needs to Know Before It's Too Late

As a Psychiatric Mental Health Nurse and Alzheimer's advocate serving older adults in Baltimore, I have sat with families at every stage of this journey — from the first signs of forgetfulness to the most advanced stages of cognitive decline. And the conversation that almost never happens early enough is this one:

What does a dementia or Alzheimer's diagnosis mean for your family's financial and legal plan?

The Numbers Every Family Needs to Understand

ALZHEIMER'S & DEMENTIA	DATA
Americans currently living with Alzheimer's	6.9 million
Projected cases by 2050	13 million
Average cost of memory care per year	\$54,000–\$109,000
Average duration from diagnosis	8–10 years
Lifetime cost of Alzheimer's care per person	\$350,000+
Care provided by unpaid family members	83%

What Cognitive Decline Means for Legal and Financial Capacity

Legal documents like a Power of Attorney, Healthcare Proxy, and Advance Directive must be signed while a person still has legal capacity — meaning they understand what they are signing and can make informed decisions.

Once cognitive decline progresses to a point where legal capacity is questionable or lost — those documents cannot be signed. A court must then appoint a guardian or conservator to manage that person's affairs. This process is:

- Expensive — legal fees can reach tens of thousands of dollars
- Time consuming — court proceedings take months
- Public — unlike a private trust
- Out of your control — a judge decides who manages your loved one's life

Early Signs Families Often Miss

As an Alzheimer's advocate I want you to know what to watch for — because early identification means more time to plan:

- Repeatedly asking the same questions or telling the same stories
- Difficulty managing finances — missed bills, unusual purchases, confusion about money
- Getting lost in familiar places
- Difficulty with familiar tasks — cooking, driving, managing medications
- Changes in mood, personality, or social withdrawal
- Poor judgment or unusual decision-making
- Difficulty finding words or following conversations

What to Do If You Notice These Signs

1. Schedule a cognitive assessment with their primary care physician immediately
2. Consult with an elder law attorney about legal documents while capacity exists
3. Have an honest family conversation about care preferences and financial plans
4. Consider a formal care management assessment to understand current and future care needs
5. Review all financial accounts and beneficiary designations now

CLINICAL NOTE — OLIVIA YATES, BSN, RN

I have advocated for patients who had no voice because no one planned ahead. I have watched families torn apart by legal battles that a simple Power of Attorney would have prevented. I have seen lifetimes of savings disappear into care costs that a long-term care strategy would have covered. This is not meant to frighten you. It is meant to move you to action — while you still have time.

The IRMAA Trap

The Medicare Surcharge Nobody Warned You About

You've worked your entire life. You've saved diligently in your 401(k) or IRA. You're looking forward to retirement — and to Medicare coverage kicking in at 65. What nobody told you is that how much you withdraw from your retirement accounts directly affects how much you pay for Medicare.

This is called **IRMAA — Income-Related Monthly Adjustment Amount**. Medicare looks at your income from two years prior to determine your premium. If your income exceeds certain thresholds — even by one dollar — your Medicare Part B and Part D premiums increase significantly.

INCOME (SINGLE) / INCOME (MARRIED)	EXTRA MONTHLY PREMIUM
Up to \$106,000 / Up to \$212,000	Standard rate
\$106,001–\$133,000 / \$212,001–\$266,000	+\$69.90/month
\$133,001–\$167,000 / \$266,001–\$334,000	+\$174.70/month
\$167,001–\$200,000 / \$334,001–\$400,000	+\$279.50/month
Above \$500,000 / Above \$750,000	+\$419.30/month

The Problem

Large withdrawals from tax-deferred retirement accounts — your 401(k), IRA, or 403(b) — count as taxable income. When those withdrawals push you over the IRMAA threshold you pay more for Medicare. Sometimes significantly more.

The Solution

Building tax-free income through Bucket 3 vehicles — Roth IRA, IUL, HSA — means those withdrawals do NOT count toward your IRMAA calculation. Your Medicare premiums stay at the standard rate regardless of how much tax-free income you access.

CLINICAL NOTE — OLIVIA YATES, BSN, RN

I have worked with families whose retirement account withdrawals — triggered by long-term care costs — pushed them into IRMAA surcharge territory at the exact moment they could least afford it. The time to build the tax-free bucket is now — before retirement, before the diagnosis, before the crisis.

Where Does Your Money Live?

The 3 Bucket Wealth Strategy

Every dollar you own sits in one of three buckets — each with a different relationship with the IRS, the market, and your health. Most families are dangerously overweight in Bucket 2. Until all three are connected and intentional, you don't have a plan — you have accounts.

LIQUID	TAX-DEFERRED	TAX-FREE
Bucket 1 Launch Pad	Bucket 2 Tax Trap	Bucket 3 Architecture
Bank, CDs, money market. 3–6 months expenses.	401(k), IRA, TSP, 403(b). Taxed at withdrawal.	Roth IRA, IUL, LIRP. 0% floor. Living Benefits.
<i>Emergency reserve</i>	<i>IRS silent partner</i>	<i>Most powerful</i>

BUCKET	CURRENT BALANCE	TARGET	GAP (\$)
Bucket 1 — Launch Pad	\$ _____	3–6 mo. expenses	\$ _____
Bucket 2 — Tax Trap	\$ _____	Minimize / Shift	\$ _____
Bucket 3 — Architecture	\$ _____	Maximize	\$ _____

"Your 401(k) is a Tax Trap. Your home equity without a strategy is Dead Money. Your Bucket 3 is the Architecture. Until all three are connected — you have accounts, not a plan."

The Hidden Cost of Being a Caregiver

The Financial Reality Nobody Prepares You For

There is someone in almost every family who becomes the caregiver when a health crisis hits. She is usually a daughter. Sometimes a daughter-in-law. Often a sister. Almost always a woman. Almost always unpaid. And almost always completely financially unprotected for what caring for a loved one will actually cost her.

CAREGIVER FINANCIAL IMPACT	DATA
Average hours per week spent caregiving	24 hours
Caregivers who reduce work hours	69%
Who pass up promotions or opportunities	51%
Average lifetime lost wages — female caregiver	\$324,000
Who drain personal savings	47%
Who have no caregiver financial plan	78%

What Caregiving Actually Costs Beyond the Obvious

- **Lost income** — reduced hours, unpaid leave, career interruption
- **Lost retirement contributions** — every month you reduce hours is a month your retirement account doesn't grow
- **Lost Social Security credits** — reduced earnings mean reduced Social Security benefits in retirement
- **Physical health costs** — 23% of caregivers report their own health declining as a result of caregiving
- **Mental health costs** — caregiver burnout is real, documented, and financially devastating

The Conversation Most Families Never Have

Who in this family will become the caregiver if something happens? What will that cost them financially? How do we protect them while they protect us?

A long-term care strategy — funded through an LTC policy, an IUL rider, or a hybrid policy — is not just about protecting the person receiving care. It is about protecting the person providing it.

CLINICAL NOTE — OLIVIA YATES, BSN, RN

As a psychiatric mental health nurse I have sat with caregivers who are completely depleted — physically, emotionally, and financially. The most loving thing a family can do is have this conversation and put a plan in place before anyone needs care. Protecting your caregiver IS part of your legacy plan.

Your Estate & Legacy Readiness Checklist

Review Every Item. Audit It Annually.

An estate plan without a health component is incomplete. Most families discover the gaps during a crisis — when it is too late to fill them without cost, conflict, or court involvement.

- **Last Will & Testament**
Updated within the last 3 years. Reflects your current assets, beneficiaries, and wishes.
- **Revocable Living Trust**
Avoids probate. Ensures seamless asset transfer. Essential if you hold real estate or have dependents.
- **Durable Power of Attorney — Financial**
Authorizes a trusted person to manage your finances if you become incapacitated. Without it, a court decides.
- **Healthcare Proxy / Medical POA**
Designates who makes medical decisions on your behalf. This is the document families are desperate for — and most don't have ready.
- **Advance Directive / Living Will**
Documents your end-of-life care wishes. Protects your family from impossible decisions during an already devastating moment.
- **Beneficiary Designations — Reviewed**
On all retirement accounts, life insurance, and bank accounts. These supersede your will — outdated designations are a costly mistake.
- **Life Insurance with Living Benefits**
Covers chronic, critical, and terminal illness events — not just death. Standard term policies do not provide this protection.
- **Long-Term Care Strategy**
Funded through an LTC policy, IUL rider, or hybrid policy. The plan exists and is in place before it is needed.
- **Capacity & Incapacity Protocol**
Written care preferences and financial safeguards for any condition affecting your ability to manage your own affairs.
- **Tax-Free Income Architecture**
Bucket 3 is funded and structured to minimize IRS exposure, IRMAA surcharge risk, and Social Security taxation throughout retirement.

WHY THIS MATTERS — FROM THE CLINICAL FLOOR

I have watched families navigate a serious diagnosis while simultaneously discovering there is no power of attorney, no advance directive, and a retirement account that becomes a tax liability the moment care costs begin. Legal planning and financial planning must be engineered together. Not as separate tasks. Not someday. Now.

Questions to Ask Your Doctor

A Clinical Checklist Built by a Nurse — For Your Family

Most people leave their doctor's appointments without asking the questions that matter most for long-term planning. Here is what to ask — and why it matters financially. These questions feel uncomfortable to ask. Ask them anyway.

About Current Health Status

- What chronic conditions do I currently have that could progress over time?
- Based on my current health what care needs might I have in the next 5–10 years?
- Are there conditions in my family history I should be actively planning for?
- What preventive measures can I take now to reduce my long-term care risk?

About Cognitive Health

- At what point would you recommend a formal cognitive assessment?
- What are the early signs of cognitive decline I should watch for?
- If I were to experience cognitive decline what would that mean for my ability to manage my own finances and legal affairs?
- Do you recommend baseline cognitive testing now while I am healthy?

About Functional Capacity

- How would you assess my current functional independence?
- Are there conditions I have that could affect my ability to perform daily activities?
- What level of care might I need if my condition progresses?
- At what point would you recommend involving a care manager or social worker?

About Care Planning

- Have you documented my advance directive and healthcare proxy in my chart?
- Who should be present at my appointments to understand my care trajectory?
- What resources do you recommend for families navigating long-term care planning?
- Is there a social worker or case manager I should be connected with?

CLINICAL NOTE — OLIVIA YATES, BSN, RN

A doctor who knows you are thinking ahead can give you information that changes everything — about your care trajectory, your timeline, and what your family needs to prepare for. Knowledge is the most powerful financial planning tool you have. These questions are not morbid. They are an act of love for the people who depend on you.

YOUR NEXT STEP.

You have seen the framework. Now let's map it to your actual picture — your health trajectory, your assets, your income, and your legacy goals — as one connected, engineered system. This is what The Abundant Life Group was built to do.

BOOK YOUR WEALTH GAP ANALYSIS & STRATEGY REVIEW

A focused 45-minute session where we look at your complete financial picture — your health trajectory, your asset structure, your tax exposure, and your legacy goals — as one connected system. No jargon. No pressure. Just clarity.

THIS SESSION COVERS:

- Your 3 Bucket balances and the exact dollar gap between where you are and where you need to be
 - Your Tax Trap exposure and the IRMAA Medicare surcharge risk hiding in your accounts
 - Whether your life insurance carries Living Benefits — Chronic, Critical, and Terminal illness
- Your long-term care exposure and the clinical cost trajectory your financial advisor never models
 - Your estate documents — are the right people legally empowered to act on your behalf?

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Olivia Yates, BSN, RN

Certified Wealth Strategist · Licensed Life & Health Insurance Agent
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"Your abundant life is not a fantasy. It is a plan waiting to be written."

HEALTH. · WEALTH. · LEGACY.