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SPRING 2012

CAREGIVING

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AMBASSADOR ADVISORS

The Ambassador

SPRING 2012

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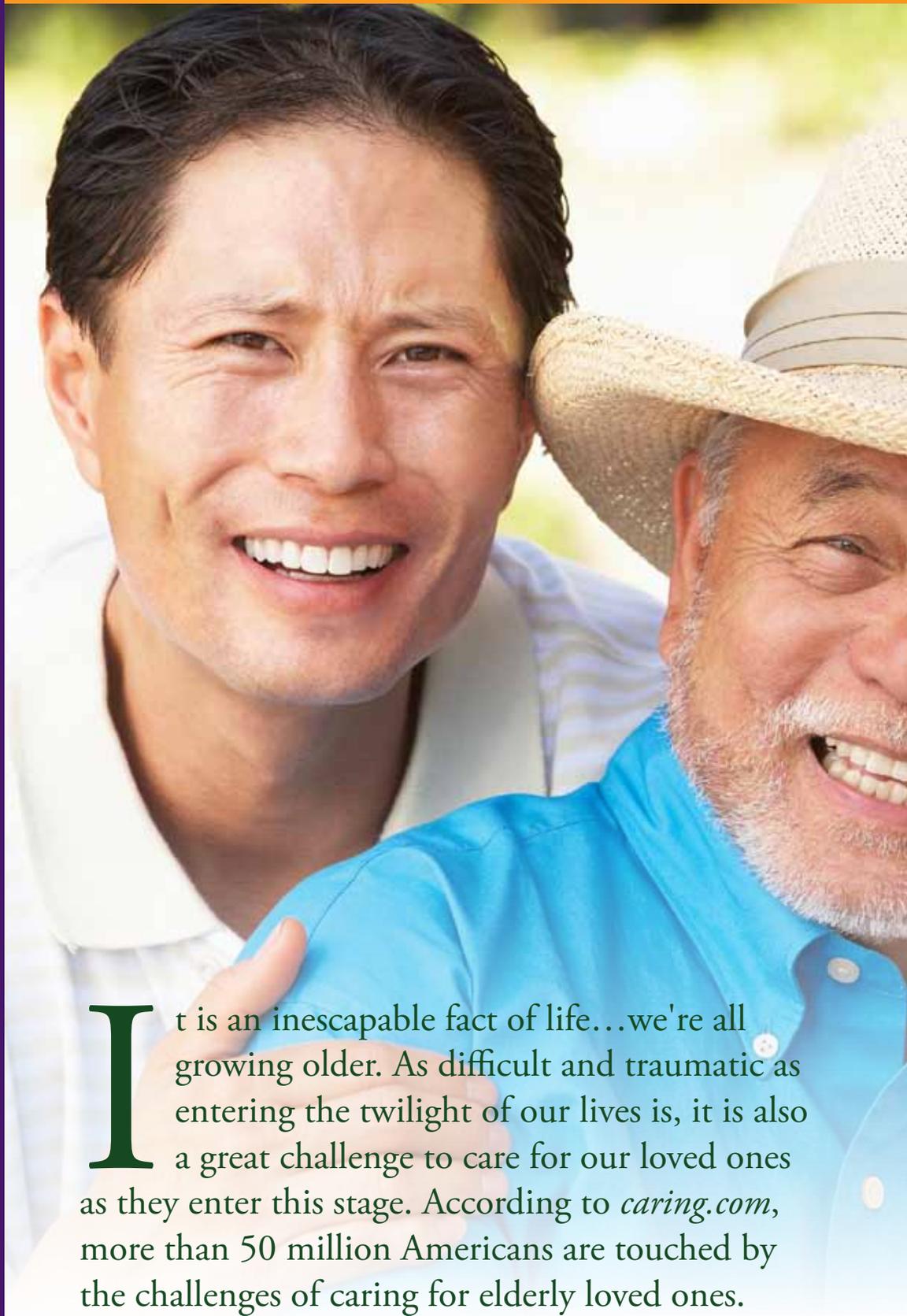
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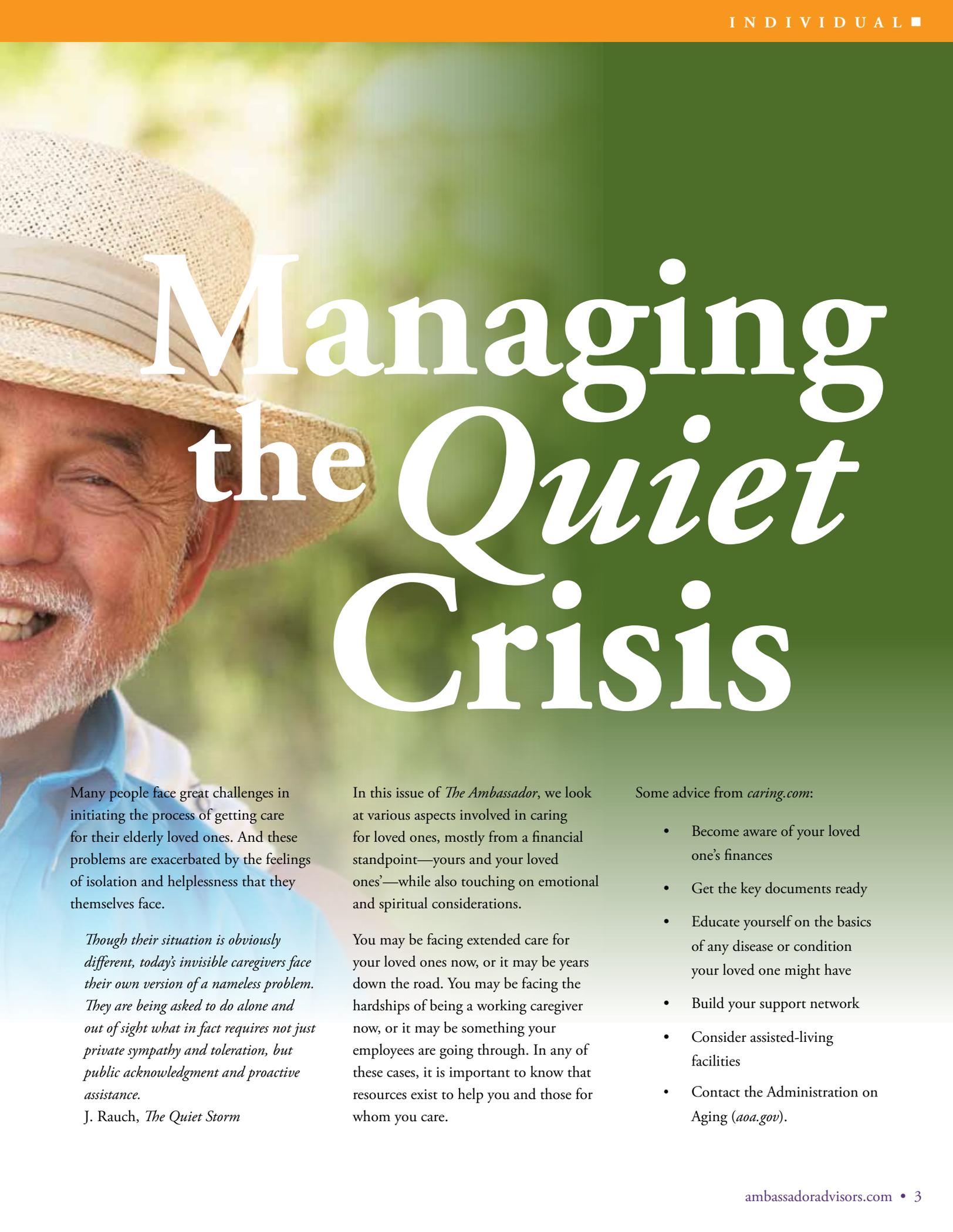
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It is an inescapable fact of life...we're all growing older. As difficult and traumatic as entering the twilight of our lives is, it is also a great challenge to care for our loved ones as they enter this stage. According to *caring.com*, more than 50 million Americans are touched by the challenges of caring for elderly loved ones.

In an article first published in *Atlantic* and later reprinted in *Reader's Digest*, Jonathan Rauch details the struggles that many of us are facing now or will face in

the future. In fact, he relates that many caregivers feel completely alone in their efforts, not realizing how many face the same trials.



Managing the *Quiet* Crisis

Many people face great challenges in initiating the process of getting care for their elderly loved ones. And these problems are exacerbated by the feelings of isolation and helplessness that they themselves face.

Though their situation is obviously different, today's invisible caregivers face their own version of a nameless problem. They are being asked to do alone and out of sight what in fact requires not just private sympathy and toleration, but public acknowledgment and proactive assistance.

J. Rauch, *The Quiet Storm*

In this issue of *The Ambassador*, we look at various aspects involved in caring for loved ones, mostly from a financial standpoint—yours and your loved ones'—while also touching on emotional and spiritual considerations.

You may be facing extended care for your loved ones now, or it may be years down the road. You may be facing the hardships of being a working caregiver now, or it may be something your employees are going through. In any of these cases, it is important to know that resources exist to help you and those for whom you care.

Some advice from *caring.com*:

- Become aware of your loved one's finances
- Get the key documents ready
- Educate yourself on the basics of any disease or condition your loved one might have
- Build your support network
- Consider assisted-living facilities
- Contact the Administration on Aging (aoa.gov).

The Financial Caretaker



Robert E. Kauffman, CFP, CAP
President

You have just been notified that you have been named the trusted caretaker of someone else's finances. What exactly are you to do? What possible problems or opportunities are waiting for you if you accept this appointment? These questions and many others may immediately cross your mind.

Initially, you should note that, of all the people known to this person, you were chosen. The individual obviously respects you as a trusted person and believes that you have the ability to make wise financial decisions. Now, your help is needed in actually managing this person's assets. It is a big responsibility, and maybe not one that you are prepared to manage.

As you take up duties, you should remember that you have a fiduciary standard to uphold. You must act *prudently* in handling another's affairs. You must understand that person's needs and objectives, and act accordingly. It is important that what you do on his or her behalf is within the normal bounds of what an outside party would see as prudent.

Sometimes, there are several parties who have needs to be remembered. In the case of many trusts, there are both an income beneficiary and a principal or remainder beneficiary. In such cases, they both must be represented in the planning and execution of the investments.

Also, be sure that you do not commingle funds from another with your own. Never invest in ventures that are imprudent, as you could lose your position as a fiduciary and face legal recourse. Finally, never invest in anything that benefits you as the trusted caretaker of another. You should be as objective as possible, using the basic principles of sound money management.

Over the years, I have been asked to be a fiduciary for several clients. One was 92 years old, had no immediate family, and resided in a retirement community. Another was a widowed schoolteacher who set up a special trust at her death for her spendthrift daughter. I helped manage the distributions for both as needed. In each case, I had to follow the "Prudent Man" rules and invest impartially and according to need. I have mixed emotions about serving in this role. I am always honored to be asked and eager to help, because it is my job to be as helpful in these matters as I can be. I want to see people succeed in their financial goals. However, many times people look to someone outside of family for very good reasons. Often, there are sibling

Although challenges often exist, being a caretaker of another's finances should not be something that scares you.

conflicts, difficult personalities, or unreasonable expectations waiting around the corner for the independent trustee. It is best to make very certain that this is a role that can be done successfully.

Although challenges often exist, being a caretaker of another's finances should not be something that scares you. After all, someone believed in your trustworthiness and financial abilities enough to name you as fiduciary when that person most needed help and support. Keep in mind that the process can be a lengthy one, so follow the general rules from this column and the specific rules that your research uncovers. Then you will be in a position to safely steward another person's resources.



CAREGIVERS

Market Trends and Insights



S. t.
Kavanaugh, II
VP Wealth
Management

Carefully creating a strategy to manage funds for the benefit of others is a tough task. You don't want to put too much at risk, but you also know that, in order to provide adequate care, you will need a reasonable

return on their money. While there isn't a single strategy that fits all situations, there are a few market trends that should be noted in the months and years ahead.

Diversify your portfolio. While safety of principle is a key concern to caregivers (especially those caring for older loved ones), not many people can live for ten or more years on a meager 1.85 percent return that we are seeing in most "safe" US government debt. Moreover, if (and when) interest rates rise, even the prices of "safe" debt, like 10-year Treasury bonds purchased today, will decline in market value, unless held until maturity.

Keep an eye on municipals and high yields. Both sectors can provide much needed yield in a caregiver's portfolio. Since 2008, high yielding companies have had the chance to refinance their existing debt and fine-tune their operations. The same can be said for municipalities, as they "rightsize" their workforce and begin to see higher tax revenue collection from an improving economy.

Look for companies that will pay you to wait. Whether the stock market is overvalued or undervalued, there are a number of defensive equities that continue to grow and pay 3-6 percent dividend yields. Often looked upon as the boring names of the stock market, some are finding that boring is "just what the doctor ordered." Compared to CD and Treasury yields, blue chip dividend payers should find favor among caregivers who need income.

Consider international and emerging markets. While both international and emerging market stocks

have suffered recently with the European debt debacle, both sectors are pricing at the inexpensive end of their historical relationship with U.S. equity. There are plenty of strong companies based in Europe that sell primarily to Asia or the U.S. and aren't affected by the European economic issues, but are unjustly lumped in with the entire crowd.

The importance of diversification cannot be overstated. While many of the themes mentioned above may provide positive returns in the next year, constant change from external sources (economic, political, etc.), as well as internal sources (cost of care increasing, longevity increasing, etc.), will certainly guarantee that not all of these strategies will work forever. At some point, government debt will look attractive again and emerging markets might not look as undervalued. That is why we, at Ambassador Advisors, try to stay a few steps ahead in crafting our portfolios to meet and hopefully exceed the goals and objectives you've set for your money.



Taking Care as You Give



Lenny
Marsch
*Executive
Advisor*

Amid all the stress and confusion in caring for elderly loved ones, it's vital to realize that you are not facing these challenges alone. Ambassador Advisors can help you address many of these issues.

One key thought is planning ahead and not being forced into simply reacting to life-changing events. It is important, however, not to change your goals in the midst of all

the turmoil. Instead, slow down, re-evaluate the situation, and reassess where things are now.

Communication is key. Make sure that you understand all options and all information. Evaluate fully every plan. Ambassador Advisors can assist if needed. Remember also to keep an eye on yourself, as well as your loved one. During these difficult times, it is easy to neglect your own needs as you concentrate on helping your loved one. Here are some important things to consider:

- First, if your parents are not quite at the point of entering long-term care, there might still be time to qualify for insurance. Remember that individuals often go in and out of long-term care, so the need for insurance may not end the first time your loved one returns home.
- If you are agent in a Power of Attorney (POA), assess and evaluate the loved one's situation to make sure that they are being taken care of properly and not being taken advantage of. Remember also that you may become responsible for what could become the inheritance of other family members. It's important to do a portfolio review. If your parents are



You do not have to face the challenges of caring for your elderly loved ones alone.

“bleeding through” their finances, a reallocation may be appropriate.

- Another critical consideration is that caregivers may end up digging into their own pockets. Don't be afraid to talk this possibility through before it happens and catches you unaware.

Now is the time to contact Ambassador Advisors. We can help you to make sure that you properly address all these issues. We can refer you to more specifically-focused professionals as needed—accountants, attorneys, and so on. We'll also keep you up to speed with tax credits and other things that might be available. It's essential to begin preparing as soon as possible, even if you're already involved in the process. It is truly never too early or too late to begin.



Asset Protection Strategies

Care That Lasts a Lifetime



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The U.S. Department of Health and Human Services (HHS) estimates that at least 70 percent of those over age 65 will need long-term care services at some point in their lives—and over 40 percent will need care in a nursing home for some period of time. In Pennsylvania, the current average cost of nursing care is over \$8,100 per month. Unfortunately, many individuals operate under the assumption that they will never go into a nursing home—or they incorrectly believe that Medicare or their secondary health insurance policy will pay for skilled nursing care indefinitely—and so they often fail to plan financially for this astronomical expense that HHS estimates will impact 12 million individuals by 2020.

According to national statistics, skilled nursing care currently is paid from the following sources:

49% Medicaid (known as “Medical Assistance” in Pennsylvania)

- 20.4% Medicare (coverage lasts only up to 100 days after a hospital stay)
- 18.1% Out of pocket
- 7.2% Private insurance (including long-term care insurance)
- 5.3% Other public/private (such as a nursing home’s benevolence fund)

As can be seen by these figures, for the vast majority of individuals in a skilled nursing facility on a long-term basis, their monthly expense is paid either out of their own funds or through Medical Assistance. For single individuals, they can qualify for Medical Assistance benefits after their own funds have been depleted to below either \$8,000 or \$2,400 (depending on their income). Additionally, for married individuals, the spouse of the nursing home resident may keep one-half of the couple’s assets, but only up to a maximum of \$113,640. For purposes of Medical Assistance eligibility, some assets are not counted (i.e., exempt),

such as a home, household furnishings, one vehicle, any retirement accounts of the spouse of the nursing home resident (retirement accounts of the nursing home resident are counted), term life insurance policies, income-producing property (such as rental real estate), and irrevocable pre-paid funerals, to name a few.

By way of example, assume that a married couple has \$300,000 of countable assets, and the husband is admitted to skilled nursing care. The wife is entitled to retain one-half of the assets, but only up to a maximum of \$113,640. Additionally, the husband may retain either \$8,000 or \$2,400. Therefore, the husband will be ineligible for Medical Assistance benefits for his care, as long as the couple continues to have the excess resources of approximately \$180,000 (\$300,000 less \$113,640 less \$8000). Many individuals mistakenly believe that the excess resources must be spent on the monthly nursing care bills until the excess is fully depleted—at which time they can apply for Medical Assistance. However, the law provides numerous options that allow married couples to protect otherwise excess resources by “purchasing” exempt assets or otherwise moving countable assets into non-countable or exempt asset categories. In many cases, protecting these excess resources is critical to providing the spouse with sufficient assets and income to meet the spouse’s monthly living expenses for the balance of his or her life. Thus, in the above example, the \$180,000 in excess resources could be used for some or all of the following:

- Paying off debt, such as a home mortgage, home equity loan, car loan, or credit card debt
- Pre-paid funerals
- Purchasing a new house
- Home improvements, such as a new roof, furnace, air conditioning, kitchen, etc.
- Purchase of a new car
- Purchase of new household furnishings/furniture
- Gifting of up to \$500 per month to all recipients, including charity

- Purchase of income-producing property, such as rental real estate
- Purchase of a single-premium income annuity to guarantee lifetime monthly income to spouse

It also should be noted, prior to an individual’s entering a nursing home, or perhaps in lieu of entering a nursing home, a child might desire to care for a parent either in the parent’s home or in the child’s home. Under this scenario, there are additional options for families to protect assets. For example, the parent may pay the child commensurate with the cost that the parent would incur were the care to be provided by a facility or outside caregiver. Thus, if compensation is to be provided,

the parent and child should have a written care agreement outlining the child’s duties and providing for the compensation to be paid to the child. If the child is caring for the parent in the parent’s home, and the parent otherwise would have needed care in a facility setting, the law allows the parent to gift the home to the caregiver child after the child has cared for the parent for two years. If the child is caring for the parent in the child’s home, the law allows the parent to pay the child to purchase a “life estate” ownership interest in the child’s house

provided the parent lives in the child’s home for at least one year. The payment to the child will depend upon the parent’s age and the value of the house, but the payment usually will be in excess of \$50,000. Under all of these options, if the parent later needs to enter skilled nursing care and needs to apply for Medical Assistance, these transfers are not counted as gifts, so they do not cause the parent to be ineligible for Medical Assistance (assuming the parent otherwise is eligible).

Finally, it should be noted that although it is never too early to begin to plan for long-term care, it is also rarely too late. That said, Medical Assistance involves a complex and cumbersome web of state and federal statutes, regulations, and written and unwritten governmental policies that must be navigated properly in the process of assessing and protecting one’s assets and pursuing Medical Assistance eligibility. It is critical to ensure that your professional team has expertise in the area of elder law and is kept abreast of changes in your life, so that we can help maximize your ability to leave a lasting legacy.

Many mistakenly believe that excess resources must be spent on monthly nursing care bills until the excess is fully depleted.



Care Facility vs Home Care

Which Is Really More Expensive?



GUEST
COLUMNIST

Jessica
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As Baby Boomers prepare for retirement and examine the potential financial impact of a long-term illness or disability, there are many opinions and numerous misconceptions. With the vast array of “resources,” there is also a lot of misinformation. One assumption is that the cost of a Personal Care Home or a Nursing Home is greater than staying at home. Individuals should not take this assumption at face value.

Seventy-five percent of individuals over the age of 65 will need long-term care services.¹ As of 2006, the average length of a Nursing Home stay was 2.5 years (Genworth Financial 2006 Cost of Care Survey, March 2006). It is estimated that each member of the Baby Boom generation will need nearly four to six years of skilled nursing care. In 2006, 62 percent of the one million Americans above the age of 85 who were considered at “high risk” for needing nursing care had only enough money to cover one month or less of such care (Genworth Financial 2006 Cost of Care Survey, March 2006). It is extremely important to understand the costs associated with care.

Several options exist, both inside and outside your primary residence. Here are the four most common care services:

- **Personal Care** | Housekeeping, laundry, three daily meals and supervision, as needed. Personal Care also provides occasional assistance with Activities of Daily Living (ADLs = eating, toileting, dressing, bathing, transferring, and continence), scheduled activities, transportation and more. As of July 2012, the average cost for a private accommodation is \$117 per day.
- **Skilled Nursing** | Nursing and rehabilitative care through the supervision of skilled medical professionals on a 24-hour-a-day, 7-day-a-week basis. As of July 2012, the average cost for a semi-private accommodation is \$268 per day.
- **In-Home Care** | Non-medical care at home. Meal preparation, minimal assistance with ADLs, running errands and scheduling appointments are a few of the many services offered. Fees typically range from \$18 to \$22 per hour.
- **Live-In Care** | Live-in, non-medical caregiver at home. Care receivers are responsible for providing

caregivers with room and board. Services similar to In-Home Care are offered at a daily rate of \$150 to \$200 per day.

What many don't consider is that costs for staying at home can easily outpace the cost of moving into a retirement community when adding expenses such as taxes, utilities, and groceries, which are typically included in the daily cost at a Personal Care or Skilled Nursing setting.

One assumption is that the cost of a Personal Care Home or a Nursing Home is greater than staying at home.

Currently, Personal Care rates increase approximately 5 percent per year, while Skilled Nursing rates (depending on the region) increase approximately 3 percent. In-Home Care providers experience the smallest rate increase, increasing their rates only slightly every couple of years. That said, however, these cost comparisons should consider how anticipated inflationary pressures of the economy impact current expenditures. Several studies anticipate that the increased desire to “age in place” will begin to drive in-home care costs higher much faster than the other options.

For those that do choose a retirement community, the transition often benefits the whole family. Many family caregivers find peace of mind knowing that their loved one will be attended to regularly. Studies suggest that the cost of informal caregiving in terms of lost productivity to U.S. businesses is as high as \$29 billion annually². Productivity, wage, social security, and pension benefit losses for caregivers average over \$600,000 per person.³ So, when tabulating the total cost to a family, it is also important to factor the effects on caregivers that, many times, are sacrificing their future.

In addition, once people make the transition, they find the vast array of activities, socialization with peers, nutritious meals, and daily assistance to be extremely beneficial. Individuals report feeling healthier, happier, and more social. Consider these facts and engage in some exploration of your own circumstances to see which options are appealing and most cost effective. Which option is most “expensive” for you will vary depending on what considerations exist in your family's situation.

1 LTCtree.com Staff Research 2007

2 Family Caregiver Alliance (www.caregiver.org)

3 Family Caregiver Alliance (www.caregiver.org)



GUEST
COLUMNIST

Reni Weixler,
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*Philhaven
Training Specialist
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Burnout has become something of a catch-phrase in professional circles. People get “burned out” from taxing their creative resources, stretching themselves beyond where they thought they could go, and just plain doing too much.

There’s another form of burnout, however, that some people have never experienced. But for those who have, it can disrupt their lives. Compassion Fatigue is a form of burnout that can occur on several levels. People who care for the elderly, children caring for their parents, and the “sandwich generation” who are caring for both their children and their

parents are all prone to this condition. Middle-aged women get hit hardest in our society with caregiving, often isolated by friends and family, because they are so consumed with taking care of someone—often someone who is not mentally aware, creating a lot of additional stress.

In past cultures, the whole community would be involved in care for the elderly. Now, the caregiver is isolated and must create the community—doctors, hairstylists, pastors, etc.—becoming the point person. We love our parents or the patients we care for, but compassion fatigue wears us down. We get more easily annoyed and irritated.

Compassion Fatigue was first described in DSM-III (The Diagnostic and Statistical Manual of Mental Disorders, third edition) in 1980. People in the helper community began to exhibit Post Traumatic Stress Disorder (PTSD) symptoms,



which came to be known as Secondary Traumatic Stress and Vicarious Traumatization. As the helper witnesses the stories, they begin to absorb some of the trauma: PTSD first hand or second hand. This transference has been recognized much more over the past fifteen years, transforming how they engage with the rest of the world. The caregiver now sees the world through this lens of the trauma—often unconsciously. We often don't recognize it in ourselves until people around us start questioning how we are acting.

There's a trajectory that caregivers go through, especially in the helper field: counselors, therapists, nurses, people in ministry. They often go into the situation in the **zealot phase**: very idealistic, having the emotional ability, the empathy to move in the helping fields. Eventually, however, it begins to wear on them.

In the **irritability phase**, people begin to cut corners, avoid clients and patients, mock coworkers, use humor inappropriately (humor is very important in the caregiver

In the next phase, the **zombie phase**, hopelessness begins to turn to rage; people begin to hate everyone, often viewing coworkers as incompetent... and there's a big notch up of irritability, no patience, no sense of humor, no fun to be around.

In the last phase, the bottom hits. People either collapse into pathology and a **victimization phase** or have a turning point where they make peace with the needs and brokenness and grow into a new, more mature perspective and role as a helper. This phase is different for everyone, but something causes this turning point. On the pathology side, somatic illnesses may develop. The caregiver is soon to either walk away or become a danger to self or those they care for.

Resiliency

The better path is when the person moves to a place of brokenness. Often kindness and gratefulness emerge, coming from this well of sorrow and grief. This place can be where healing starts and the path to resiliency begins.

Compassion Fatigue

community, but it may seem inappropriate to outsiders). People begin to daydream and zone out. Mistakes and oversights begin to happen, and they distance themselves from clients and coworkers.

The **withdrawal phase** is sometimes best understood as the “just hanging on” phase. Resentment and irritability have replaced kindness. The shame of feeling/acting on one's resentment leads to self-blame and withdrawal. People neglect families and themselves, avoiding their own pain and sadness. They may still not be recognizing that something needs to be addressed. Even things outside of the care issues might not be recognized; marriage problems and parenting issues may begin because relationships might be neglected.

alongside someone who is showing signs of stress in their job or personal life. We invite you to contact Reni Weixler, MA, LPC, rweixler@philhaven.org. Additionally, Philhaven is hosting a Compassion Fatigue training on Friday, May 4, at the Grace M. Pollock Training & Community Center. You can register online at www.philhaven.org or by calling 800-308-6030.

Next Steps

As you ponder the phases of compassion fatigue, you might be sensing the need to explore this topic in more depth or come

For Your Business or Nonprofit Ministry. As you lead your staff and consider their ability to care and give of themselves to the mission of your organization, we encourage you to provide ongoing counseling for them. You might also consider an on-site Compassion Fatigue seminar for your employees so that a healthy and resilient environment can be maintained.

Caring in the Workplace

Understand the Challenges Your Employees Face



Ryan M. Middleton
Financial Consultant

As the United States population ages, caregiving is becoming a frequent topic of conversation. Many families deal with very difficult decisions as to who will take care of their parents or grandparents in the event care will be needed. Will a family member be able to take on the challenge of being a primary caregiver, or will paid care be needed?

Of course, for most, the first option is to find a way to pay for and provide one's own care. This is not an easy undertaking, since the cost of care is rapidly increasing. If one seeks to pay one's own way, the question becomes whether you have enough money or assets to pay for your care. Let's look at an example: First, let's assume you want to stay in your home and receive care, but you only need care for 10 hours per day. Let's continue and assume the average cost per hour for in-home care is \$20. This totals \$6,000 each month (assuming 30 days in a month) or \$72,000 a year. What if you want to move into a long-term care facility instead? Well, let's assume the average cost is \$250 per day with an average of 30 days per month. This equates to \$7,500 a month or \$90,000 a year. So, the question is one of how long your assets will last and what options you have. If you have liquid assets totaling \$500,000, this would allow only one person to receive care for approximately 9 years at home (not counting utilities, taxes, and other "at home" costs) or 5.5 years in a community, assuming

no inflationary or other factors. What if both people need care? You can easily see how assets are eaten up and estates can be dwindled down to nothing. Because these numbers can become so daunting, many are forced to rely on willing (and sometimes unwilling) family caregivers.

Most of these caregivers have good intentions and commit to doing whatever it takes to care for their loved one. Unfortunately, it's not always the most realistic path. For example, how will they juggle their career, family, and marital commitments

Will you support your employees when they have to juggle career, family, and marital commitments while caring for a loved one?

while caring for a loved one? Will their employer understand and support them through this time, which may last several years? Will they have the stamina and physical ability to care for this person? Many clients tell us they strive to care for loved ones

in the event they need care. While this is a commendable approach, it is not always possible due to the commitment required. Most people who do find themselves in this role end up suffering in many different ways. They often are less productive at work, become physically exhausted, and suffer from various forms of depression. As an employer, it is critical to understand these dynamics and prepare to provide help.

ance



EDUCATIONAL SEMINARS FOR YOUR EMPLOYEES

Ambassador Advisors can help to educate your employees with seminar topics such as those listed below. If you prefer an offsite location, we can host your group at Ambassador's Group Education Room.

- Pension Maximization and Providing for Your Loved Ones
- Roth IRA, Roth 401(k) and the Tax-Free Retirement Plan
- Financial Myths Demystified
- Market Volatility & Your Finances
- The Roadmap to Your Legacy
- Estate Planning Basics
- Charting a New Course: Planning for Retirement

All seminars can be customized to meet the needs of your group. For more information, or to schedule a seminar at your place of business or ours, please contact Bernie Bostwick at 717-560-8300 x114 or bbostwick@ambassadoradvisors.com.



Serving *your* Caregivers



GUEST
COLUMNIST

Jessica
Pavelko, CSA
*Pavelko Senior
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The MetLife Caregiving Cost Study: Productivity Losses to U.S. Businesses, the total estimated cost to employers for all full-time employed caregivers is \$33.6 billion per year. The average cost per employee with intense caregiving responsibilities is \$2,441. Despite the ominous statistics and first-hand knowledge, many

Millions of caregivers exist nationwide. In fact, Pennsylvania has the fifth-largest population of caregivers in the country.

According to the Family Caregiver Alliance (www.caregiver.org), more than 60 percent of caregivers work outside the home in full-time or part-time capacities. It's no secret that the added workload and stress related to caregiving is having an impact on the workplace. Seventy percent of employers report increases in caregiving-related staffing problems. Based on a 2006 MetLife survey,

employers do not have plans in place for assisting employees with caregiving duties.

Factors that affect the employer include:

- Replacing employees
- Absenteeism
- Workday interruptions
- Supervisory time
- Unpaid leave
- Reduction in hours
- Crisis in care

What employers can do:

- Allow employees to work from home. Allowing an employee to work from home one day a week may be just what the caregiver needs and may lead to greater productivity.
- Grant flextime. Can employees take care of their workplace responsibilities after hours?
- Provide information, referral and educational programs that offer a general overview of eldercare services. There is a vast array of services available for caregivers and seniors. Invite a local professional, who has extensive knowledge in the field (geriatric care manager, providers of retirement housing or in-home care, financial planners, etc.,) to present your employees with a few options that may be available.
- Make group long-term care insurance available. Buying group long-term care insurance allows employees to purchase such coverage for themselves or possibly their loved ones with little or no underwriting at an affordable price.
- Hold a caregiver's fair. Space and time are required for this type of event; however, local providers offer valuable information relating to long-term care, respite care, daycare and more that caregivers may simply be unaware of.
- Sponsor a support group. Create a support group for employees after hours or over the lunch hour so that individuals with similar responsibilities can network and brainstorm further solutions for caring for loved ones.
- Promote exercise, nutrition and wellness. Often, individuals are healthier, happier and more productive as a result of getting involved in exercise, proper nutrition and overall wellness.

A study shows that at least six out of ten employed caregivers make work-related adjustments as a result of their caregiving responsibilities. Many caregivers find themselves assisting their

More than 60 percent of caregivers work outside the home in full-time or part-time capacities.

loved ones with their Instrumental Activities of Daily Living (IADLs) including housekeeping, preparing meals, taking medications, shopping, using the telephone and managing money. Many are also providing time- and energy-intensive Core Activities of Daily Living (ADLs), which include dressing, bathing, eating, grooming, toileting and transferring. Despite the availability of services, many caregivers do not seek formal help until they have given care for four years or more. These intensive caregiving responsibilities result in a significantly greater physical, financial, social and spiritual impact on employed caregivers. Studies show that the majority of caregivers are women, as they typically take on the responsibilities of

caring for aging loved ones (as well as childcare duties). On average, these added responsibilities result in women spending 12 years outside the workforce. Such a huge reduction in employment limits wages, Social Security benefits and pensions. The combined loss of compensation amounts to over \$600,000 during a caregiver's lifetime. In addition, caregiving can be quite expensive when

considering the fact that one may be providing transportation, preparing meals and assisting care receivers with costs of care or medications. According to the Family Caregiver Alliance, the value of informal care that women provide on an annual basis ranges from \$148 billion to \$188 billion.

Factors that affect the employed caregiver include:

- Losing job benefits
- Early retirement
- Taking leave of absence
- Transitioning from a full-time to part-time job
- Turning down a promotion
- Leaving the workplace entirely

Providing an Employee Assistance Program designed to educate, counsel, and guide through these issues is highly recommended for employers seeking to empower their employees, as well as manage the costs associated with this growing reality. For more information regarding education and EAP offerings, contact Ambassador Advisors.

Caring FOR THE NEXT GENERATION

Preparing a Message of Caring



Bernard I. Bostwick, CAP
Executive Vice President

Imagine this: you are an attorney to a client who wants to leave his considerable assets to a nonprofit in order to reduce taxes in his estate planning. He changes his will and retirement plan beneficiaries to name only this nonprofit. To replace these assets, the client creates a life insurance trust ensuring himself and naming his heirs as beneficiaries.

However, before he is able to make these wishes known to his family, he becomes incapacitated and enters hospice care. For a period of over a year, the family attempts to tie up loose ends, but the trust's life insurance policy information is unknown to them, and the policy lapses. When this unfortunate man succumbs, nothing goes to his family.

As the above incident illustrates, one of the three major challenges in the legacy planning process (along with long-term illness and taxes), is communication. A message of caring left for your family members can help in addressing this need.

At the time of a loved one's incapacitation or death, the family is often overwhelmed with confusion and sadness. During this tumultuous time, having a clear knowledge of your loved one's wishes is a great comfort. When arrangements for legacy planning are made, the hope is, generally, that they could be shared with the family face-to-face. However, a message of caring can ensure that, even in the event of unforeseen misfortunes, wishes will be carried out.

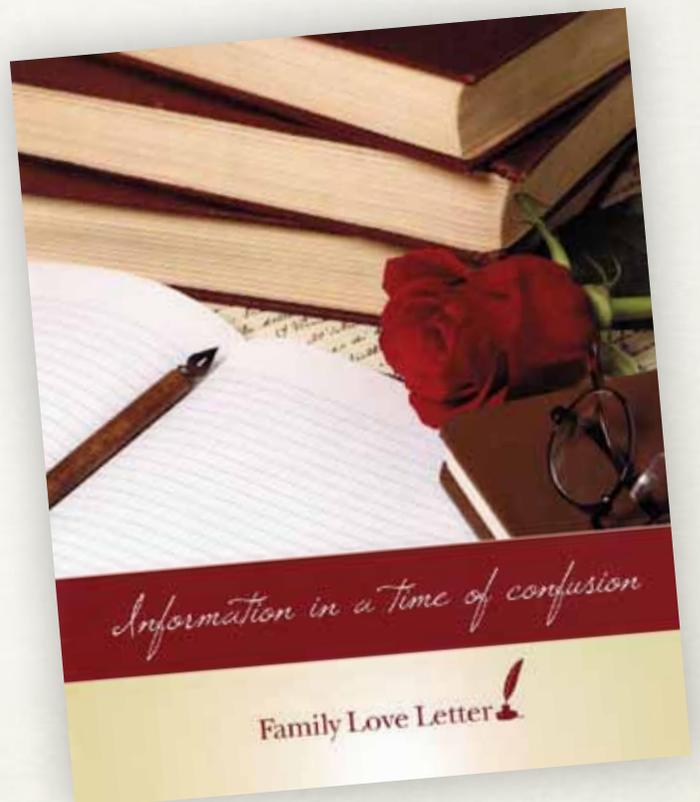
A message of caring is typically a booklet (handwritten or typed) that supplements a person's legal documents, so that, in the event of incapacitation, the family will have clear instructions and communication about their loved one's wishes. It serves to communicate love to the family, as well as a desire to

communicate well with them. Also included in the document would be information regarding wills, debt, professional advisors, doctors, attorneys, and wishes regarding ministries or other gifting. Ambassador Advisors often recommends the Family Love Letter® as a message of caring for those seeking a pre-written document to guide their thoughts.

One of the three major challenges in the legacy planning process (along with long-term illness and taxes), is communication.

Nonprofit organizations can suggest this type of supplemental document as a way for donors to communicate and take care of their families. Contact Ambassador Advisors to coordinate a seminar detailing the features and benefits of a message of caring. Communication is

the key in many aspects of life, and legacy planning is certainly one of them: a treasured gift you can provide for your staff and supporters.





THE PINES AT WHITING

Whiting, NJ

Among the multitude of assisted living facilities, The Pines at Whiting in central New Jersey does its best to stand out. The Pines provides many amenities including meals, housecleaning, laundering of flat linens, maintenance, transportation, recreational activities, and a fitness program. There are many opportunities to socialize and, when needed, emergency call and home health care are available.

Executive Director William Janson, President and CEO, shares that “The Pines is a CCRC (continuing care retirement community), which includes independent apartments, assisted living and skilled nursing. Residents enter our community around 78 years of age with various levels of care needs. Because we are a CCRC, our residents can move throughout our continuum as the need arises. We have a strong in-house therapy department with physical, occupational, and speech therapies. We also have three neighborhoods of assisted living: social, medical, and memory impaired.

The Pines has its own proprietary program for wellness called FRESH: Fitness, Recreation, Education, Spirituality and Health. They find that residents who incorporate each letter into their weekly lifestyle can age better, stay at a higher functional level longer, and have more laughs and enjoyment. The health care program is called Gentle

Touch, conveying how the staff treats residents with respect and professional care. Visitors can really sense that The Pines is different in how the staff relates to residents and how everyone—board, management, staff and residents—support and respect each other.



The mission at The Pines is grounded in Christian principles, and that sets the stage for a goal of service and for building an environment that focuses on giving vs. taking. “If all an employee is about is the paycheck, this will not be the right place for them to work,” Bill Jason shares. “I enjoy watching our dedicated staff interact with our residents each day. It’s like a family around here.”

If you ask various residents of The Pines, you would hear them express that they made a great decision. Many would say that they should have moved in sooner to take advantage of all that is offered. Living at The Pines eliminates many of the burdens of living at home, especially if one lives alone. It is easy to walk to

the Enrichment Center and select from 40 weekly activities. Residents can actively shape their community by serving on various committees. A full-time chaplain is available for visitation, Bible studies and Vesper services.

In the last ten years, donations of \$3 million have funded the expansion of the health care center and the creation of the Enrichment Center. Since the economy has changed so dramatically, the facility now offers more contract types, more free options, three packages for renovating apartments, and three restaurants to vary dining experiences. Their position is, “more options, more choices, more value.” Often, visitors go away with a different impression of senior adult retirement living—it isn’t about giving up your independence; it’s about joining a caring community where new stages of life can be embraced.

Mr. Janson shares a great example of the fullness of life at The Pines at Whiting: “In 2012, we will have a marriage where the couple is so excited and pleased for their new beginning.”

For more information, call The Pines at Whiting anytime (732-849-0400), visit thepinesatwhiting.org/contact/, e-mail them directly (info@thepinesatwhiting.org), or stop in to see for yourself why so many have chosen The Pines at Whiting.

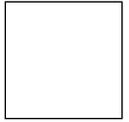


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CAREGIVING

Essential, Stressful, Honorable

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A CAREGIVER'S PLEDGE

1. I will understand that I can't care for anyone else if I also don't care for myself. I will keep an image in my mind of putting the oxygen mask on myself first.
2. I will remember that the only person I can change is myself. I cannot change my loved one who is ill, nor my family members.
3. I will find opportunities to laugh, daily. These might come in movies, jokes, television, or with friends who can see the humor in my situation and remind me to do the same.
4. I will get away from my caregiving duties on a regular basis, even if it is just to walk around the block. But I will also find ways to have lunch with a friend, go to a movie, window shop, breathe in fresh air, watch the sunset, or eat a hot fudge sundae.
5. I will visit a support group, either online (at www.caregiver.org or Link2Care) or in person in my community, so that I know that I am not alone. If a support group isn't right for me, I will find a friend to talk to, call my family consultant, or attend a workshop.
6. I will learn as much as I can about my loved one's illness so I can better care for him or her with understanding. I will learn techniques that will make caregiving easier for both of us.
7. I will say "yes" when people offer to help. I will make a list of things they can do and post it on the refrigerator, so that when those offers come, I'll be ready. When there are not offers, I will ask for help, even though it might be hard to do so.
8. I will use community resources—such as Meals on Wheels, paratransit, day care programs, and volunteer respite programs—to help make my caregiving duties easier.
9. I will find something I really like to do and make sure I find time to do it on a regular basis. Just because I am a caregiver, doesn't mean I have to give up everything that is meaningful to me. I will read, knit, garden, scrapbook, do genealogy or woodworking for a designated period of time every week.
10. I will remember that I am loved and appreciated, even when my loved one can't tell me that. I will honor the nurturing, caring support that I provide to my loved one as a gift I give.

