

Individual Action Plans

Directions:

This action plan is designed to help you reflect, learn, and plan/act to help improve your chances for a successful and enjoyable retirement. Please complete the reflection and learning portions immediately after each session.

 Within the next 2-3 days, set aside about an hour for each topic and complete the planning/action items at home, preferably with your spouse or significant other.

General Retirement Questions

1. Current age: _____ Age you plan to retire: _____ Years to retirement: _____
2. Have you initiated a retirement plan? Yes No
3. Estimate your level of comfort with retirement issues. Excellent Good Fair Poor
4. Describe your fears and concerns around retirement.
5. List your optimal retirement goals.
6. Describe what you need to achieve your goals.
7. List who will be involved in your retirement planning/retirement living.

Health Care Coverage - Medicare

1. Who are you currently covering on your health insurance? (Check all that apply)
 - Self
 - Spouse
 - Children
 - Other
2. Are you eligible for Medicare? Yes No
3. How familiar are you with the Medicare options Part A, B, and D?
 - None
 - Little
 - Some
 - Very
4. How familiar are you with the Medicare Advantage (Part C) options?
 - None
 - Little
 - Some
 - Very
5. If you plan to work past age 65-67, will you keep your employer’s insurance as a primary or secondary?
 - Primary, make sure Medicare knows you have a primary insurance.
 - Secondary, make sure to sign up for Medicare Part A&B.
6. List at least two things you learned in the session.

7. Based on today’s presentation, list what you need to learn about, and how you will change your retirement planning in order to meet your goals. For more information on health care during retirement, refer to the retirement guide pages 7-10.



Once at home, set aside one hour to complete the following tasks.

1. If you are within 3 months of 65 years old, sign up for Medicare. <http://www.socialsecurity.gov/medicareonly/>
2. If eligible, sign up for MyMedicare.gov at <https://www.mymedicare.gov/> - a free online secure service for accessing personalized information on your benefits and services.
3. Print/save the official US Medicare handbook, “Medicare & You.” <http://www.medicare.gov/publications/pubs/pdf/10050.pdf>

Maintaining Health and Wellness

1. Describe how you feel now related to your physical, mental, emotional and spiritual health.
 - a) Physical Health:

<input type="checkbox"/> Excellent, at optimal level	<input type="checkbox"/> Fair, improvement needed
<input type="checkbox"/> Good, little improvement needed	<input type="checkbox"/> Poor, significant improvement needed
 - b) Mental/Cognitive Health:

<input type="checkbox"/> Excellent, at optimal level	<input type="checkbox"/> Fair, improvement needed
<input type="checkbox"/> Good, little improvement needed	<input type="checkbox"/> Poor, significant improvement needed
 - c) Emotional Health:

<input type="checkbox"/> Excellent, at optimal level	<input type="checkbox"/> Fair, improvement needed
<input type="checkbox"/> Good, little improvement needed	<input type="checkbox"/> Poor, significant improvement needed
 - d) Spiritual Health:

<input type="checkbox"/> Excellent, at optimal level	<input type="checkbox"/> Fair, improvement needed
<input type="checkbox"/> Good, little improvement needed	<input type="checkbox"/> Poor, significant improvement needed
2. How do you feel about seeking counseling if needed?

<input type="checkbox"/> If I need help I will ask	<input type="checkbox"/> If I need help, I probably won't ask
<input type="checkbox"/> If I need help, I may ask	<input type="checkbox"/> If I need help, I definitely won't ask
3. In case of a medical emergency or death, does your spouse/significant other or next of kin (children, parents, other) fully understand your wishes for your end of life care and organ donation?

<input type="checkbox"/> Yes, absolutely	<input type="checkbox"/> No, probably not
<input type="checkbox"/> Yes, most likely	<input type="checkbox"/> No, definitely not
4. In case of a medical emergency or death, does your spouse/significant other or next of kin (children, parents, other) have access to your safety deposit box, computer codes, lawyer, etc.?

<input type="checkbox"/> Yes, absolutely	<input type="checkbox"/> No, probably not
<input type="checkbox"/> Yes, most likely	<input type="checkbox"/> No, definitely not
5. List two things you learned from the session.
6. Based on these answers and what you heard in today's session, what steps do you need to take care of regarding your overall health now and in retirement? For more information on maintaining health and wellness in retirement, refer to the retirement guide pages 10-12.



Once at home, set aside one hour to complete the following tasks.

1. Complete the four physical tests to determine your fitness levels.
2. Try using one an on-line brain game to help keep your brain active now and through retirement. Do you have parents that can use these games? <http://www.brainmetrix.com/>; http://www.lumosity.com/landing_pages/47; <http://playwithyourmind.com/>.
3. Check into group activities/programs you can use now and in retirement. Add any fees to your budget.
4. Identify resources/programs at Vanderbilt you can use now before you retire.

At Home Fitness Testing

At Home: Perform the following self-assessments on your physical wellness.

Test 1: Upper Body: Count how many push-ups you can do in a minute. Note your ranking. Women may do modified push-ups by starting with their knees on the ground and slightly bent.

Are you satisfied with this ranking? Yes No
If no, describe how you will improve your ranking?

# of Push-Ups	Rankings
25	Very fit
15	Average
7	Out of Shape
<7	Couch potato

Test 2: Middle Body: Lie down on your back. Cup your hands and place them behind your head. Do a half-sit-up and hold your body at a 45-degree angle for as long as you can. (If this exercise is a literal pain in the neck, stop immediately.) Circle your ranking.

Are you satisfied with this ranking? Yes No
If no, describe how you will improve your ranking?

Length in Seconds	Rankings
25 s	Very fit
15 s	Average
7 s	Out of Shape
<7 s	Couch potato

Test 3: Lower Body: This exercise is great for developing strong leg muscles. Lean against a wall and “sit” against it with your legs bent at a 90 degree angle. Hold this position for as long as you can. (You will feel your legs burn.)

Are you satisfied with this ranking? Yes No
If no, describe how you will improve your ranking?

Length in Seconds	Rankings
90 s	Very fit
60 s	Average
30 s	Out of Shape
<30 s	Couch potato

Test 4: Flexibility:

Before conducting this test, go for a five minute walk and do some jumping jacks. Get loose and warm. Sit on the floor and place a yardstick between your legs so that the 1-inch mark is roughly between your knees and the 15-inch mark lines up with the bottoms of your feet. Your feet should be shoulder width apart – about 10 inches. Slowly stretch forward and slide your fingertips along the yardstick as far as possible.

 **Warning!** No sudden movements! You can throw your back out if you haven't done this kind of stretching in a while. Reach to the point of gentle tension but never to the point of pain. Reach as far as you can at least three times, but don't bounce or bob forward with each reach.

Are you satisfied with this ranking? Yes No
If no, describe how you will improve your ranking?

Women's Rankings	Age 50-59	Age 60-69
Very fit	19 in or >	18 in or >
Average	13-18 in	12-17 in
Out of Shape	10-12 in	9-11 in
Couch potato	9 in or <	8 in or <

Men's Rankings	Age 50-59	Age 60-69
Very fit	16 in or >	15 in or >
Average	10-15 in	9-14 in
Out of Shape	7-9 in	6-8 in
Couch potato	6 in or <	5 in or <

Caring for Yourself and Your Loved Ones

1. Reflect on your current needs for self, parents, siblings, children and other loved ones/pets. Do you need to make arrangements for their care? Yes No If Yes, describe needs.
2. Are you stressed or burned out? Yes No
If yes, contact the Faculty and Physician Wellness Program for free counseling and support. (936-1327)
3. Have you seen your physician within the past 6-12 months? Yes No
If no, plan to schedule an appointment once you return to your office.
4. Have you had a family discussion on care for elderly family members: parents, self, and others? Yes No
5. Do you have any of the following completed? (Check all that apply)
 Advanced Care Directive or Living will Will
 Health care proxy Durable Power of Attorney
6. In the case of an emergency, does anyone in your family have access to computer files, safety deposit boxes, wills/advanced care directives, etc.? Yes No If yes, who: _____
7. Some pets are capable of living for 20-30 years. Do you have pets that are expected to outlive you? Yes No
8. List two things you learned in the session related to self-care and care of your loved ones.

9. Based on these answers and what you heard in today's session, what do you need to learn about caring for yourself and loved ones during retirement? For more information on caring for you/loved ones during retirement, refer to the retirement guide pages 12-17.



Once at home, set aside one hour to complete the following tasks.

1. Schedule a family meeting to discuss care for aging parents and relatives, as well as, to define your own plans, needs and wishes. Use the AARP *“Prepare to Care: A Planning Guide for Families.”* www.aarp.org/foundation
2. Do you need to utilize any resources within Tennessee or at Vanderbilt related to family care? Review these web pages. www.coamidtn.org or <http://childandfamilycenter.vanderbilt.edu/service/adult-care>
3. If a family member needs assisted living, or placement in a nursing home, develop a plan to assist them.