



# Off Treatment

Financial Guidance for Cancer Survivors  
and Their Families



NATIONAL ENDOWMENT FOR  
FINANCIAL EDUCATION

*Partnering for Financial Well-Being*





# Off Treatment

## *Financial Guidance for Cancer Survivors and Their Families*

*“People ask me how I feel now that I’m ‘over’ my cancer.*

*I guess they think that dealing with cancer is like having a case of the flu. They don’t realize that I’ll never look at life the same again. I’m still tired – but getting stronger. It’s easier to talk about how I feel physically than emotionally.*

*Frankly, I’m surprised by my own feelings. Of course, I’m relieved. But I’m a bit scared, too. I guess I’d gotten used to being cared for by the doctors, nurses, and social workers. Now, all that is changing, and the change is unsettling. I lived so much in the present that it’s difficult to think about the future.*

*And thinking about the future means dealing with practical matters, like finding a way out of debt. Luckily, my medical plan is a good one. But, it didn’t pay for everything, and the bills have piled up. I’ve also got decisions to make about work. Do I stay where I am now? Will my cancer history hurt my chances for promotion or a better job?*

*Still, I suppose it’s good that I have these concerns. I guess it means that I’m taking control again and starting to rebuild my life after treatment.”*



NATIONAL ENDOWMENT FOR  
FINANCIAL EDUCATION

*Partnering for Financial Well-Being*





# Table of contents

Embracing survivorship .....	2
Returning to work .....	2
Looking for a new job .....	4
The need to stay away from work .....	7
Medical plan features .....	8
Living without benefits .....	9
Facing lifetime maximums .....	10
Rebuilding your finances .....	11
Basic estate planning .....	14
Where to go for help .....	15
Financial resources .....	16
General resources .....	18
Glossary .....	19
Other publications in this series .....	22

# Embracing survivorship

Now that your treatment has ended, you may feel you are ready to take back greater control of your life. You may look at your life, your job, and your relationships differently now. You may be thinking about making major changes.

Ending treatment is a milestone in your life. But like most milestones – even positive ones, facing a new direction can be unsettling. Also, many people who've had an experience with cancer feel a sense of vulnerability. To help cope with these changes and your feelings, you may want to talk with an oncology social worker or cancer counselor or maybe join a support group. The American Cancer Society can give you information about cancer survivor support groups and other sources of support. Call the American Cancer Society at 1-800-227-2345.

You may also find that you need help with your finances. It's important to consider the following:

- Where do I stand financially?
- Are medical bills still coming in?
- How much debt has built up?
- Will I soon have a regular paycheck again to help pay bills?
- How do I rebuild my accounts?

These are not easy questions, and you may not want to face your finances. Frankly, few people do. Still, taking stock of your finances is an important step in taking control of your life again. The information presented here was developed to help you through that process so you can make sound, informed decisions for both your financial and physical well-being.

# Returning to work

During your treatment, you may have taken time off work, or at least reduced your work hours. Before returning to your old workload and schedule, ask yourself some questions:

- Is my job stressful?
- Does my doctor think it's all right for me to be in a stressful workplace?
- Do I have to put in long hours? Is it more than I can handle right now?
- Do I still need close medical follow-up and testing?
- Can I fit my follow-up medical visits into my work schedule?

Discuss your plans to return to work with your doctor. Also, if you are getting

funds from a disability income policy, review the policy before going back to work. For health and money reasons, it often is best not to rush back to your old work schedule. Most disability policies continue where they left off if you return to work and then must leave again within 6 months. But some companies consider any break in the disability to be the end of the claim. With these companies, if you must leave work again, you will face a new waiting period before your benefits start back.

One option to consider is starting back to work part-time. Some disability policies will allow you to return to work part-time and still collect part of your benefit. Your company's benefits office or insurance

company could tell you about the details of your disability plan.

If you collected Social Security disability benefits during treatment, you may want to try Social Security's Trial Work Program. This program allows you to work for 9 months (not necessarily consecutive months) without losing benefits. For more information on this program, call the Social Security Administration at 1-800-772-1213, or visit their Web site at [www.socialsecurity.gov](http://www.socialsecurity.gov).

Give careful thought to going back to work. If you and your doctor both agree that it's all right to do this, then it's time to look at your work situation. What will you tell your employer? Will you have any special needs? Let's look more closely at these issues.

### *If I go back to my job, how much should I tell my employer?*

You may be concerned about how your diagnosis and treatment could affect your job. Maybe you never told your employer about your cancer diagnosis. What should you do when you go back to work?

If you have been out of work, your employer knows something is up. In many cases, the more you tell your boss, the more comfortable he or she will feel. But not all employers will react or handle your situation the same. How much you decide to say depends on what you know about your employer and how your company supports its employees.

### *I'll still need treatments for a while. How do I protect my job?*

You may need to miss work for follow-up doctor visits. You may even need special arrangements to do your job. For these reasons, it is a good idea to let your employer know about your current situation. When you talk to your boss, give as much information as possible. That way, he or she will know what to expect. Your employer likely will want

your return to work to be easy and comfortable. It's good to know that once you talk with your employer, you are protected under the Americans with Disabilities Act (ADA) and the Family and Medical Leave Act (FMLA), as long as your company is big enough so that these laws apply to it. (See below.)

The ADA provides for reasonable accommodation. In other words, the employer must arrange for any reasonable special needs you have to do your job, as long as you are able to do the essential functions of the job. This may mean giving you flex-time, allowing you to work from home, or getting special equipment for you. But the ADA protects your employer, too. Whatever arrangements are made for you should not be too inconvenient for the employer. The ADA applies to all businesses with 15 or more workers. Call the American Cancer Society at 1-800-227-2345 for more information on ADA.

Under FMLA, employers with 50 or more workers must allow employees to take up to 12 weeks unpaid leave. The leave can be taken to care for yourself or for a family member with a serious illness. Employees are eligible if they have worked for a covered employer for at least 1,250 hours in the previous 12 months. As long as you are on FMLA leave, your employer must maintain your medical insurance coverage under any company group health plan. Again, to be protected by this law, you need to tell your employer (and maybe your spouse's employer if you are married) about your health needs.

Most employers will try to work with you. Still, it's a good idea to keep careful records of all talks with the employer or people in the benefits office. List the name of the person with whom you talked, what you talked about, the date and place you talked, and any decisions that were made. Also, keep copies of your performance reviews. Legal help is available if you feel you have been treated unfairly at work. (See the General resources section on page 18.)

# Looking for a new job

## *I wasn't happy in my job before. I don't think I want to go back to it now.*

If you are not happy with your job, maybe it's time to look for a new one. But keep in mind that a new job should offer improvements: better pay or benefits, more challenge, less stress, or greater fulfillment.

Think about what kind of work you would like to do. You don't have to settle for less just because of your cancer diagnosis. At the same time, don't take on more than you can handle. Your health comes first, so be careful not to do too much too soon.

What type of job would you like? Take an honest look at your skills and abilities. Apply for jobs you know would fit you well. You don't have to volunteer any information about your cancer if you aren't asked. Mention it only if it would have an effect on your doing the job. Try to set up your resume in a way that does not show time gaps in employment. For example, you could organize your resume by your skills instead of employment dates.

Employers cannot make you take a medical exam before you are offered a job. After you are offered a job, they can ask you medical questions only if they relate to doing the job. If the employer asks about your health, don't lie. Be prepared with a positive response. Have something in writing, perhaps a letter from your doctor, stating that you are able to handle the job. If you feel you have been treated unfairly in the hiring process, call the Equal Employment Opportunity Commission. (See the General resources section on page 18.)

## *How do I find out the details about benefits before I take a new job?*

Having good benefits is an important part of a sound financial plan. This is true for all workers, not just cancer survivors. So before you accept a job offer, ask to see the employer's benefits book. It's not a good idea to ask for this information during the first interview, but it is definitely all right when you are offered the job.

Maybe you are afraid asking to review this information will send up a "red flag" to the employer. However, asking to review the employee benefits packages is entirely proper and even expected by employers. Many include it in the interview process. Not only are you applying for a job with them, but they also usually want applicants to know their company is a good place to work.

Large employers usually offer the most generous benefits. They often offer not only a health care plan, life, and disability insurance, but other benefits, too.

## *What kind of benefits should I look for?*

**Medical plan.** It is important for everyone to have good medical coverage. If your potential new employer doesn't have a medical plan, you might want to find one that does. Few employers pay for the entire cost of a medical plan. Most only pay a part of the cost. When looking for a new job, try to find an employer with the best blend of job responsibilities and benefits. To help you decide if a medical plan fits your needs, refer to the Medical plan features chart on page 8.

Before switching jobs, find out how long it will take before you're covered under your new employer's health care plan. Some employers might make you wait 60 or 90 days before you can join the health plan. (This is another reason to review the employer's benefits book.)

It is important not to have gaps in your medical coverage, or you might face a "pre-existing condition exclusion period." A pre-existing condition is a health problem that you had before you joined your medical plan. If you are without coverage for too long a time, your new plan will make you wait a certain length of time before they pay the costs of that medical problem. The wait can be as long as a year. As a cancer survivor, this wait could be costly. You would have to pay for any tests or treatments that were done during the exclusion period.

There are rules about exclusion periods that help the individual. For example, in most states, if you have met at least 1 of the following conditions, then an exclusion period *doesn't* apply to you when signing up for a new medical plan:

- You have had medical coverage for 18 months and you have not been without health coverage for more than 62 consecutive days.
- You have already met a pre-existing condition exclusion period, and you have not been without health coverage for more than 62 consecutive days.
- You have not been without health coverage for more than 62 consecutive days.
- You haven't gotten (or were recommended to get) a diagnosis, treatment or medical advice for a health problem within the 6 months immediately before you became eligible to enroll in your new medical plan.

The medical plan exclusion period rules vary from state to state. You should contact your employer's human resources

department or your plan administrator to find out what rules apply to you.

One way to switch jobs but continue your health coverage is to use COBRA, which stands for Consolidated Omnibus Budget Reconciliation Act of 1985. This act lets you stay with your old employer's medical plan for up to 18, 29, or 36 months (depending on the circumstances). COBRA can be very helpful if you switch jobs and the new employer's plan won't start for several months.

COBRA applies as long as your former employer has 20 or more employees and is still in business. This employer must inform you, in writing, about the COBRA option. To take advantage of COBRA, you must start its coverage within 60 days of leaving your job. COBRA coverage is also available if you no longer work enough hours to qualify for your employer's medical plan.

There is a catch – and it's a big one. You must pay for the full cost of coverage, plus up to 2% to cover administrative costs. But the cost of coverage is at the employer's group rate.

#### **Long-term disability insurance.**

Another good benefit to look for is long-term disability insurance. This type of insurance usually gives you 60% to 70% of your monthly income if you become unable to work. Most of these policies have a pre-existing condition exclusion period. If you pay a percentage of the cost of this insurance, the same percentage of the benefits will be income tax free. To the extent your employer pays the cost, you will have to pay income tax on those benefits.

**Life insurance.** Most people have a need for some amount of life insurance. For example, you may be helping to support a family. Life insurance would help replace your lost income if you die. The amount of life insurance you need depends on your unique situation. Also, if your cancer ever comes back, some types

of life insurance could be a source of emergency cash. A financial advisor can help you decide how much life insurance is enough.

Some employers offer life insurance as a benefit. For example, you may be offered life insurance equal to 1 or 2 times your yearly income. With this type of group plan, you probably would not be asked for proof of insurability. The employer may even pay the entire cost of this insurance. If the employer pays for more than \$50,000 of group life insurance, you will have to pay taxes on the value of the excess insurance.

You may be able to buy more life insurance and pay for it yourself. But any extra coverage you buy may require proof of insurability. Being a cancer survivor will make it difficult, or maybe even impossible, for you to get life insurance in any way other than your employer's plan. This is the best chance for you to get coverage at a normal cost.

**Retirement plan.** While you were in treatment, you may have seen your savings shrink. Putting money into a retirement plan can help rebuild your savings. In most cases, the money you put into a retirement plan reduces your taxable income. You don't pay taxes on the money the account earns until you take it out – ideally, after you retire. So, it's a good idea to put as much money as you can afford into a retirement plan.

If you're looking for a new job, be sure to review the employer's retirement plan.

Some employers may match the amount you put into the plan. For example, the employer may put in 25 cents, 50 cents, or even a dollar for each dollar you put in up to a certain amount. So, the money they put toward your retirement is like a bonus to you.

### *I want to be self-employed. What should I do about benefits?*

By far, the most important benefit to have is a good medical plan. Many insurance companies and HMOs offer plans to individuals. These plans are often expensive, but medical coverage is simply too important to go without. Also, as a self-employed person, you will likely be able to take a deduction from your income tax for the entire premium paid for your health care plan. (The IRS has publications about this subject, or check with your tax advisor.)

As explained before, it's important not to have any gaps in your medical coverage, or you may face a pre-existing condition exclusion period. If you are leaving an employer to work for yourself, find out if COBRA is an option. COBRA will give you time to find a medical plan that suits your needs.

Getting other benefits, such as long-term disability insurance and life insurance, is discussed in the section called Living without benefits on page 9.

# The need to stay away from work

## *Since I can't return to work yet, what do I do?*

You and your doctor may agree that you are not yet ready to go back to work. If you are getting funds from a disability plan, read the plan carefully. Find out how long the benefits will last. Also, find out if the plan's benefits change over time. For example, some plans provide benefits for 2 years if you can't work in

your own occupation. Then, after 2 years, they provide benefits only if you can't work in any occupation.

If Medicare or Medicaid is covering your health care, it's likely that you will continue to be covered by the same program. Remember, these benefits continue only as long as you are unable to work, unless you are retired and covered by Medicare.

# Medical plan features

## Feature

**Yearly deductible.** How much of your own money must you spend on doctor bills before the health care plan begins to pay?

**Annual co-insurance limit.** How much in total must you chip in before the policy pays all covered charges? This has many names; ask questions so you understand how it works for your plan. The co-insurance limit is basically the amount you must pay out-of-pocket before the insurance will pay 100% of medical bills. This amount is the total you pay, including the deductible and your own portion of medical bills (usually 20%-30%).

**Co-payment.** How much would you pay each time you visit an HMO, PPO, or POS plan's health care provider? Co-payment often is called "co-pay."

**Choice of medical service provider.** Can you choose your own doctor from anyone in town, or must you use someone who belongs to the plan group?

**Pre-existing condition exclusion period.** Will you have to wait before the health plan would pay for treatment for any illness you had before applying for insurance? Sometimes people have an illness, such as high blood pressure or diabetes, when they sign up for health insurance. The insurance may not pay for treatment of these illnesses until a certain length of time has passed.

**Specific illness excluded.** Are there any illnesses (such as cancer) that the policy will not cover?

**Specific treatments excluded or limited.** Are there any treatments, such as organ transplants, treatment for infertility, chiropractic care, or physical therapy, that the policy limits or will not cover?

**Hospital costs covered.** What share of hospital costs will the policy cover?

**Days of hospital coverage in a year.** If you need to be hospitalized, how many days will the insurance pay for each year?

**Prescription drugs.** How much do you have to pay for prescription drugs?

**Lifetime maximum payment.** If you are sick or injured several times during your life, what is the cap on total payments the policy will make?

**Home care visits.** If a nurse needs to see you at your home, how many visits will the policy pay for?

**Mental health therapy.** How many outpatient mental health visits will the policy cover in a year?

**Drug/alcohol treatment.** What kind of drug and alcohol treatment will the policy pay for?

## Average to good plans

\$100 to \$1,500 per person;  
3 times the individual deductible or  
3 individual deductibles per family

\$2,000 to \$5,000

\$10 to \$45 per visit

Any provider or a wide choice  
if you are limited to a specific  
network

None or only a short time period  
(May depend on whether you  
had a health plan before this  
one. See section in text titled  
Medical plan on page 4.)

Prefer none

Many variations

Prefer full coverage (after  
deductible and/or co-payment)

Limited to unlimited. At least  
365 preferred.

Usually a \$10 or \$50 co-payment,  
or 80% of cost after deductible

Unlimited or \$1 million

Limited up to 52 per year

Varies widely by state

Varies widely by state

# Living without benefits

## *Currently, I don't have benefits. What can I do?*

Find out if you qualify for COBRA from your previous employer. COBRA serves 2 purposes. As discussed earlier, it can extend your health care coverage. It can also help you qualify for a private health care policy. For example, if you stay on COBRA until it runs out, you cannot be turned down to buy a private health care policy. The insurance company cannot make you prove insurability or make you face a pre-existing condition exclusion period. Make sure you buy the private policy within 62 days from the date that COBRA runs out.

If you have been without a health care plan for more than 62 days, your cancer experience will make it difficult for you to buy health insurance. If you do get turned down for a private policy, you may be able to get a state-sponsored plan. These plans were designed to provide health care coverage for hard-to-insure people. The cost of a state plan may be 20% higher, but you will at least have health coverage. To learn more about these plans, call your state's insurance commission or the American Cancer Society.

### **Long-term disability insurance.**

As a cancer survivor, group coverage may be your only option. Some people may be able to get insurance through a professional, trade, or alumni

organization. Most of these require proof of insurability. These groups are also sources for other benefits, such as medical insurance and life insurance. Check to make sure that the group's plan is allowed in your state.

**Life insurance.** For someone who has recently gone through cancer treatment, the only type of life insurance available, besides group life insurance, may be guaranteed or simplified issue. With this kind of insurance, very few questions are asked about your health. But, the cost of the policy will be high. These policies also may set limits before they would pay a death benefit. For example, some policies say that, if you die within 2 years of buying the policy, your heirs would not receive the benefit. The only money they would get is the amount you paid into premiums, plus interest. If you die after the 2-year period, the full or graded death benefit would be paid.

Once you become a long-term cancer survivor, you may be able to get a more typical form of life insurance. Not all companies will insure someone with a cancer history. You may have to look at several companies before you find one that will meet your needs. A good insurance agent can help you find a company that specializes in hard-to-insure individuals.

# Facing lifetime maximums

## *I'm reaching the lifetime maximum on my medical coverage. What can I do?*

If you are reaching the lifetime maximum on your medical plan, you may be able to buy new insurance. In most states, you can avoid having to wait through a new medical plan's pre-existing condition exclusion period if you meet at least 1 of the following conditions:

- You have had medical coverage for 18 months, and you have not been without health coverage for more than 62 consecutive days.
- You have already met a pre-existing condition exclusion period, and you have not been without health coverage for more than 62 consecutive days.
- You have not been without health coverage for more than 62 consecutive days.
- You haven't gotten (or were recommended to get) a diagnosis, treatment, or medical advice for a health problem within the 6 months immediately before you became eligible to enroll in your new medical plan.

The medical plan exclusion period rules vary from state to state. You should contact your employer's human resources department or your plan administrator to find out what rules apply to you.

If you change jobs and your new employer has health coverage, your coverage starts over. If you meet at least 1 of the criteria above, you won't have to go through another waiting period. If you don't meet at least 1 of the criteria listed above, you'll likely have to wait a certain length of time before the new plan will pay for your pre-existing condition. This wait often is no more than a year.

Another option is that if your employer offers more than one health care plan, you may be able to change from one to another during an open enrollment period. Changing health insurance plans should be done with great care. Do not, under any circumstances, drop one policy before you are sure you have a replacement.

# Rebuilding your finances

Now that you're rebuilding your health, you may also need to rebuild your financial well-being. This is a good time to take some financial steps you might not have taken earlier.

## *I have high credit card balances. How do I pay them off?*

If you have had to use your credit cards to pay for things during your cancer treatment, you are not alone. There were probably many out-of-pocket expenses that weren't covered by insurance. Try not to feel overwhelmed by the debt. Remember, you worked your way through a diagnosis of cancer and cancer treatments, and you can work your way through your finances, too.

First, compare all your credit card bills. See which credit cards have the lowest interest rates and try to move all your balances onto those cards. Before moving the balances, be sure you will not be charged a higher rate for the transferred amount. You also can call the credit card companies and negotiate for a lower rate. Use credit cards that have credit disability and credit life insurance. They make minimum payments during periods of disability or pay off your balances at death. You may pay higher fees or interest for cards with these options, but these cards may make sense for a cancer survivor who is more likely to use the benefits.

If you cannot meet the minimum payments, you should call the credit card companies before you are late or underpay. Once they understand your situation, they usually will try to work with you. Keep in mind that credit card companies prefer that you make some attempt to pay, rather than not pay at all.

Also, if you make small, but consistent, payments you often can avoid phone calls demanding payment.

Other options include a debt consolidation or home equity loan. Often, these have lower interest rates than credit cards and can be paid over many years. The interest paid on a home equity loan may be tax deductible.

Another possible option is to ask a relative for a loan. There are some advantages to this type of loan: no credit check and, typically, a small interest rate. The main disadvantage is that you will be in debt to a relative. Still, a loan from a relative can be set up in a way that avoids bad feelings later. Here are some tips on how to avoid family conflict if you need to turn to a family member for a loan to pay some of your cancer-related expenses or bills:

**Be realistic about repayment.** Asking for a loan implies that you intend to pay the money back. Don't ask for a loan if you doubt you could ever repay the money. Many family loans are never repaid, which often leads to feelings of bitterness and betrayal. If you don't think you could repay a loan, it would be better to ask for a gift instead. Anyone, including a relative, can give a gift of up to \$12,000 (for 2008) each year without having to file a gift tax return or pay a gift tax. Married couples can make a joint gift of up to \$24,000 (for 2008) per year without paying a gift tax. Anyone can pay the medical bills of someone else without being subject to this gift limit – if the payment is made directly to the medical facility or health care provider.

**Choose the right relative to loan you the money.** When some people loan money, they feel they have the right to influence the borrower's personal

decisions. This “influence,” no matter how well intended, can create personal stress and family conflict.

**Ask only those relatives who can afford a loan.** Don't expect relatives to get cash advances from credit cards or other sources to loan you money.

**Expect to pay some amount of interest.** The relative loaning you money is, to some degree, making a financial sacrifice. For example, the money going to you may have been intended to pay for a college education. They are also giving up the interest the money would have earned had they not made the loan to you. The relative should get some return on his or her money. Also, there are federal tax implications if the person making the loan charges an interest rate below the minimum federal rate. The tax laws in this area are complicated, and there are exceptions. Still, it's a good idea to pay at least the minimum federal interest rate on a family loan. To find out the appropriate federal rate (called the Applicable Federal Rate), consult the IRS or a tax advisor.

**Put it in writing.** State the amount of the loan, interest rate, and repayment schedule. Even if the relative loaning you the money doesn't think putting the agreement in writing is necessary, do it anyway. It will show your intent to treat your relative fairly. It will also provide proof to the relative that a loan was made. Then, if you're unable to repay the loan in full, the relative can take the loss off his or her taxes.

You may also be struggling with your other bills, such as utilities, mortgage or rent, doctors, and medical providers. Try to make payment plans with them.

It may be hard to make these phone calls. People often are embarrassed to ask for financial help or understanding. But you probably have paid bills on time all of your life. It's likely that most businesses and other creditors think well of you. Think of this as equity, based on the

reputation that you have built up over the years. Now you need to use a little of that equity. Most of these businesses will be willing to work out a plan that fits your needs as well as theirs.

If you can't reach an agreement with your creditors, you can get credit counseling. Look in the business section of the telephone book for the phone number of Consumer Credit Counseling Service, or call 1-800-251-2227 to find the office nearest you. This non-profit group can help you set up a budget. They may also be able to work with your creditors to arrange a payment plan. (Note: Not all credit counselors are the same. Be sure to use the Consumer Credit Counseling Service organization, which is a non-profit operation often supported by the United Way.)

### *What if I still can't meet my monthly payments?*

If you cannot make the monthly payments on your bills, you may want to consider bankruptcy. But this should be a last resort. If bankruptcy is your only choice, it's a good idea to get advice from a bankruptcy attorney. This area of the law can be very complex. Bankruptcy can affect you long after you file. An attorney who specializes in this type of law can help you understand all the issues involved. Legal Aid clinics or similar non-profit organizations may also give advice on bankruptcy.

### *How do I start making sense of my money?*

**Set up a spending plan.** Now that you have finished treatment, a budget can help you get back on track. The monthly payment you make to reduce debts should be part of that budget. Remember to also figure in the amount that will be set aside for emergencies.

Be careful not to set your sights too high. The amounts of money that go into your emergency fund and toward paying your

bills should not put too much stress on you. By having realistic goals, you will have an easier time sticking with your budget.

If you can, have the money taken directly out of your checking account or paycheck regularly. You can always increase the amount if you find you can handle more.

**Rebuild your cash reserve.** Your cash reserve is an emergency fund. To set up an emergency fund, set aside enough money to cover 3 to 6 months of expenses. The funds always should be kept stable and safe. Savings accounts or money market accounts at a bank or a money market mutual fund work well. Generally, these funds will grow slowly,

but have little risk of loss. Therefore, the money should be there when you need it.

### *Should I invest my money aggressively so I can build my savings quickly?*

*Invest cautiously!* Until your emergency fund is adequate and your insurance needs are taken care of, you are best advised to maintain a conservative approach to investing. It may be a good idea to stick with conservative investments until you have been free of cancer for a few years. This reduces your investment risk, should you need the money for additional treatment. Work with a financial advisor to find the investments that are right for you.

# Basic estate planning

You may think you don't have an "estate," but don't be too sure; this is a highly misunderstood term. Everything you own is your estate. This includes your house, car, and possessions. An estate usually includes your insurance policies, retirement funds, and savings, too. It is wise to have a plan for these assets. Estate planning isn't just for cancer survivors; it's for everyone. It allows you to be in control of your money at all stages of your life, right up to the end of your life. It is also the step that allows you to maintain control over your health care.

When you were in treatment, you may not have been able to face the idea of planning your estate. Now that you're off treatment, it's time to deal with this matter.

## *What planning documents will I need?*

At the very least, everyone needs a will, a durable power of attorney, a health care proxy, and possibly a living will. While the health care proxy has more to do with health care than with money, it is an important part of your plans for the future. A living will is a legal document in which you state your wishes about medical treatments and life-prolonging procedures.

**Will:** How your will is written depends on your wishes and the size of your estate. Your will directs how and to whom your assets will be distributed. A will also is where you name a guardian for any minor children and assets that would

become theirs. Everyone should draft a will, but it is even more important if you have children. Remember that if you die without a will, the state will decide how to distribute your estate and who will raise your children.

**Durable power of attorney:** This allows you to name a person who will handle your finances for you if you are unable to handle them yourself.

**Health care proxy:** A health care proxy allows you to name a person who will make decisions about your health care if you become unable to make them yourself. This document may be called a medical power of attorney or health care power of attorney in some states.

**Living will:** A living will allows you to decide ahead of time what types of medical treatment you would want or not want if the time comes when you are not able to communicate these choices.

If your finances are simple, these documents could be drafted at a legal clinic or a similar non-profit group. Call the American Cancer Society information line, 1-800-227-2345, for names of organizations that can help you.

If possible, discuss your estate planning needs with an estate attorney. He or she can draw up the documents. Depending on your finances, you may need to set up a trust to help protect your assets from taxes and/or probate costs. To see if a trust is right for you, talk with a financial advisor or qualified lawyer.

# Where to go for help

## *Where can I get professional advice about my financial situation after cancer treatment?*

If your financial situation is complex, you may want to get the help of a professional financial advisor. But make sure he or she has experience handling the financial aspects of a serious illness. To help you get started, refer to the brochure *How to Find a Financial Professional Sensitive to Cancer Issues*, which is available through the American Cancer Society by calling 1-800-227-2345.

If you have legal questions, go to an attorney who specializes in your area of concern, such as insurance law, estate planning, or discrimination in employment. This advice may be available free of charge at a legal clinic in your area.

## *I didn't plan financially the way I should have. Is it too late?*

No, it's not too late. You have completed your cancer treatment. This is a great time to take exciting steps to be in control of your life. Your finances are an important part of that progress. Financial planning is good for everyone, not just cancer survivors. It gives you peace of mind and a sense of empowerment to know that you are on your way to financial well-being.

# Financial resources

The manner in which each of the following sources of financial support affects other potential benefits depends on many factors. It is recommended that you get the advice of a competent advisor to be sure that you know the ramifications of the various options.

Sources of health care	Issues
Medical insurance	Must continue paying premiums
COBRA	18- to 36-month extension of group health benefits Must pay premium
Hill-Burton Program (low- or no-cost health care) 1-800-638-0742 (in MD, 1-800-492-0359)	Must use Hill-Burton facilities Not all services are available Eligibility based on family size and income (income below current poverty guidelines) Only a limited number of Hill-Burton facilities nationwide
Medicare 1-800-800-633-4227 or 1-800-MEDICARE	Eligibility based on eligibility for Social Security benefits or Railroad retirement benefits, and certain other health problems Must pay for Part B of program
Medicaid (contact state office)	Eligibility based on family size, assets, and income
Veteran's benefits (1-800-827-1000 to be connected to the local office)	Service-connected problems generally are covered May require low income for certain benefits May require some deductibles
Long-term care benefits	Issues
Long-term care insurance	Must pay premiums (usually are not required when receiving benefits) May create income tax obligation May affect qualifying for government benefits Must meet definition required for benefits (usually federal definition for chronically ill)
Hill-Burton Program	See Sources of health care, above.
Veteran's benefits	See Sources of health care, above.
Medicaid (state program)	Eligibility based on family size, assets, and income
Accelerated death benefits (some life insurance policies)	Must be terminally or chronically ill (contact insurance company) May create income tax obligation May affect qualifying for government benefits Must meet definition required for benefits (federal definition for chronically ill, or more restrictive)

<b>Sources of income</b>	<b>Issues</b>
Disability income insurance	Must pay premiums until the insurance company allows you to stop May affect qualifying for government benefits Must meet definition of disability under policy
Reverse mortgage	Lender makes payments to the borrower. Loan is repaid after last remaining borrower leaves home. Must be a homeowner age 62 or older May impact some government benefits Requires mandatory counseling Careful research may be needed to avoid losing too much in fees and interest.
Social Security 1-800-772-1213	Must be disabled or retired May create income tax obligation May affect qualifying for other government benefits
SSI (Supplemental Security Income)	Must be disabled, over age 65, and/or blind Must meet income restrictions May affect qualifying for other government benefits
Temporary Aid to Needy Families	Must meet low-income guidelines May require disability May require employment history

<b>Sources of lump-sum cash</b>	<b>Issues</b>
Assets (sale of stock, real estate, etc.)	May create income tax debt May affect qualifying for government benefits
Home equity loan (may be lump sum or line of credit)	Home put at risk Must have equity in home Must make regular payments Must pass credit check
Family/Personal loan	Requires repayment May strain family relationships May require collateral
Whole life insurance policy loan (from life insurance company)	Death benefit is reduced by the amount of the loan and accrued interest. Policy must have "cash value." Must generally continue premium payments
Block grants (funds given to states by the federal government to run programs within defined guidelines that provide services)	Must meet family income limits May affect qualifying for government benefits
Accelerated death benefits (life insurance)	Must keep policy in force Must be terminally ill (contact insurance company) May create income tax debt May affect qualifying for government benefits
Viatical loan (borrow from investor using life insurance as collateral) or Viatical settlement (sell life insurance policy to investor)	May create income tax debt Must own policy Must meet definition of terminally or chronically ill May affect qualifying for government benefits

# General resources

## Assistance organizations

The American Cancer Society can give you current information, print materials, and guidance about cancer issues. We can also give you information about other cancer organizations. No matter who you are, the American Cancer Society can help you stay well and get well. Call 1-800-227-2345 anytime, day or night, or visit us on the Web at [www.cancer.org](http://www.cancer.org) for cancer-related information and support.

## Book

*A Cancer Survivor's Almanac: Charting Your Journey*, 1996. Edited by Barbara Hoffman, JD, with an introduction by Fitzhugh Mullan, MD, by the National Coalition for Cancer Survivorship. Published by Chronimed Publishing.

The almanac shares information, strategies, and support for living with and beyond cancer. It details such issues as managing health and life insurance needs, preventing job discrimination, and controlling pain.

## Credit reports

It's always a good idea to check your credit report occasionally. Call the 3 major credit reporting agencies to find out how to get a copy of your report from each:

### Equifax

Toll-free number: 1-800-685-1111

Web site: [www.equifax.com](http://www.equifax.com)

### Experian

Toll-free number: 1-888-397-3742

Web site: [www.experian.com](http://www.experian.com)

### TransUnion

Toll-free number: 1-877-322-8228

Web site: [www.transunion.com](http://www.transunion.com)

## Find a financial planner

Refer to the booklet *How to Find a Financial Professional Sensitive to Cancer Issues*, which is available through the American Cancer Society by calling 1-800-227-2345.

## Job discrimination protection

For information about protection against job discrimination, call the Equal Employment Opportunity Commission (EEOC). Find the office nearest you by calling 1-800-669-4000, or go to [www.eeoc.gov](http://www.eeoc.gov).

## Medical plan questions

Do you have questions about your health care plan? Contact your employer's human resources department or your plan administrator.

## Medicare information

If you have questions about Medicare, call the Medicare hotline at 1-800-633-4227 (1-800-MEDICARE), or visit [www.medicare.gov](http://www.medicare.gov).

## Social Security information

The Social Security Administration has many useful publications available, such as *Working While Disabled: How We Can Help*. This publication can be ordered by calling the Social Security Administration at 1-800-772-1213. They also have a Web site featuring detailed information about Social Security programs. The Web site address is [www.socialsecurity.gov](http://www.socialsecurity.gov).

# Glossary

**Americans with Disabilities Act (ADA):**

This federal civil rights law protects the rights of people with disabilities. The act says that the employer must make “reasonable accommodation” to allow a disabled person to do his or her job. The ADA applies to businesses with 15 or more workers.

**COBRA:** COBRA is a law that lets you keep your health plan after you leave a job. It works only if you had a health plan at the old job. You can keep your old health plan for 18, 29, or 36 months, depending on the circumstances. You must pay the full cost of the coverage. (COBRA stands for Consolidated Omnibus Budget Reconciliation Act.)

**Disability income insurance:** A type of insurance that pays some money each month to people who are injured or sick and cannot work. Disability income plans can be either short term or long term.

**Family and Medical Leave Act (FMLA):** This law says that employers with 50 or more workers must permit employees to take up to 12 weeks of unpaid leave. The leave can be taken to care for yourself or a family member with a serious illness.

**Lifetime maximum:** This is the maximum amount, or limit, that a health care plan will pay in benefits to one person.

**Medicaid:** This government program pays the cost of medical care for low-income people. To qualify, your income and assets must be below a certain level. That level is set by the state in which you live. Not all health care providers take Medicaid patients.

**Medicare:** This government program pays for medical care. After 29 months of being disabled and receiving Social Security Disability Income, you qualify for Medicare. You may also qualify for Medicare if you are age 65 or older and retired. Almost all hospitals accept Medicare, and a declining number of doctors do.

**Social Security Disability Income (SSDI):** This federal government program pays monthly income benefits if you are disabled. You must meet specific qualifications and strict disability guidelines to be eligible for benefits. You also must have paid at least the minimum amount into the Social Security system. (Your employer takes this money out of your paycheck automatically. To have paid enough money into the system, you must have worked a number of years.)

**Supplemental Security Income (SSI):** This government program pays benefits to low-income people who are unable to work. To qualify, income must be below a certain amount. That level is set by the state in which you live.





## Other publications in this series

### ***In Treatment***

*Financial Guidance for Cancer Survivors and Their Families*

### ***Advanced Illness***

*Financial Guidance for Cancer Survivors and Their Families*

### ***How to Find a Financial Professional Sensitive to Cancer Issues***

*Financial Guidance for Cancer Survivors and Their Families*

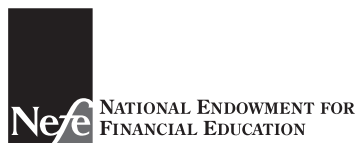
### ***Can I Be Prepared If Cancer Occurs?***

*Financial Guidance for Those with Concerns About Cancer*

### ***Coping Financially with the Loss of a Loved One***

*Financial Guidance for Families*

These booklets are available through the American Cancer Society by calling 1-800-227-2345.



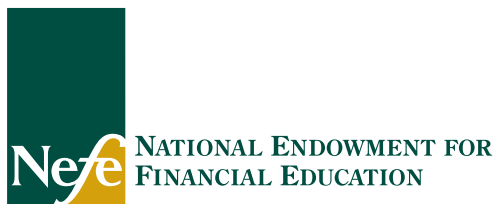
*Partnering for Financial Well-Being*

***Off Treatment:*** *Financial Guidance for Cancer Survivors and Their Families* was written and prepared as a public service by the Denver-based National Endowment for Financial Education®, or NEFE®.

NEFE is an independent non-profit foundation committed to educating Americans about personal finance and empowering them to make positive and sound decisions to reach financial goals. The National Endowment for Financial Education, NEFE, and the NEFE logo are federally registered service marks of the National Endowment for Financial Education. For more information about the National Endowment for Financial Education, visit [www.nefe.org](http://www.nefe.org).

Note: Certain content areas in this material are current as of the printing, but, over time, legislative and regulatory changes, as well as new developments, may date this material. This booklet is meant to provide general financial information; it is not meant to be a substitute for or to supersede professional or legal advice.





*Partnering for Financial Well-Being*



We **save lives** and create more birthdays  
by helping you stay well, helping you get well,  
by finding cures, and by fighting back.

[cancer.org](http://cancer.org) | 1.800.227.2345 | 1.800.228.4327 (TTY)

For cancer information, answers, and support, call your  
American Cancer Society 24 hours a day, 7 days a week.