

Appendix 10: Mail/Telephone IPS Interview

The Mail/Telephone IPS questionnaire includes almost all of the content from the Appendix 8: Internet IPS Baseline questionnaire, as well as Appendix 9: Internet IPS Follow-Up questions on health insurance and long-term care insurance (Appendix 9, Section 7, LTC1-LTC16) and on hypothetical willingness to provide documents related to retirement plans (Appendix H, Section 12, CRRP1-CRRP4). The omitted questions from the Appendix 8: Internet IPS Baseline questionnaire are (i) a follow-up question on fee arrangements with providers of professional financial information or advice related to retirement (Appendix 8, Section 2, HF3b) and (ii) the second series of questions about retirement plans at the current job of the respondent (see Appendix 8, Section 5, EPR16l-EPR16n) and of the spouse (see Appendix 8, Section 8, EPSP16l-EPSP16n).

The Mail/Telephone IPS questionnaire attached below will be administered to pretest participants in the American Life Panel (ALP). This pretest instrument excludes a number of questions on household demographics that will be included in the Road to Retirement surveys. Comparable questions are regularly asked of ALP participants. The omitted questions are included in the Appendix 8: Internet IPS Baseline questionnaire. In particular, the omitted questions are found in Appendix 8, Section 1, as follows: DHC3, DHC4, DHC5, DHC6, DHC7, DHC9, DHC10, DHC13a, DHC13b, DHC13c, DHC16a, DHC16b, and DHC16c.

Road to Retirement Survey for the American Life Panel (Initial Participant Survey Pretest)

Thank you for agreeing to participate in this survey of American households being conducted by the U.S. Department of Labor. The goal of this study is to collect information on how households make important decisions from early in their working lives all the way into retirement.

- Using a black pen, answer questions by filling in the box to the left of your answer.
- When writing a response, please print clearly.
- You might sometimes be told to skip some questions in the survey. In that case, you will see a note telling you which question to answer next.

The following statement is made in accordance with the Privacy Act of 1974 (5 U. S. C. 552a). Section 513(a) of the Employee Retirement Income Security Act of 1974 (ERISA), 29 U.S.C. 1143, authorizes EBSA to conduct this survey. Your survey responses will be used for research and statistical purposes by the Department of Labor and contractors and researchers working with us on this study. We will keep your identity private to the extent permitted by law. The Department intends to release a public data file with information obtained from this survey, but will do so in a way that protects the privacy of individual respondents. For example, released data will not include any first remove all personally identifying information, such as your name and address. Your participation is voluntary, and your decision to participate or not to participate will not affect your standing or relationship with the U.S. Department of Labor in any way.

Section 1: Background

1 What is your birth date?

Month

Day

Year

2 What is your sex? *Choose only one.*

☐ Male

☐ Female

3 Would you say your health is excellent, very good, good, fair, or poor? *Choose only one.*

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

4 What is your marital status? *Choose only one.*

☐ Married

☐ Separated

☐ Divorced

☐ Widowed

☐ Never Married

If there are other members of your household living with you, please continue with this section. Otherwise, please skip to Section 2: Financial Decisions.

5 Are you currently living with a spouse/partner? *Choose only one.*

☐ Yes

☐ No >> **GO TO QUESTION 7**

6 And what about your spouse's/partner's health. Would you say his/her health is excellent, very good, good, fair, or poor? *Choose only one.*

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

7 Now we would like to know about **other adult members** of your household, if there are any. How many other people 18 years of age or older live with you? (enter 0 for no other adults).

<input type="text"/>	<input type="text"/>
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8 And how many **other people under 18** years of age live with you, if any? (enter 0 for no one).

<input type="text"/>	<input type="text"/>
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9 Are any members of your household currently enrolled in school, including yourself and/or your spouse/partner?

☐ Yes

☐ No >> **GO TO SECTION 2**

10 How many members of your household are currently enrolled in school?

<input type="text"/>	<input type="text"/>
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Section 2: Financial Decisions

- 11 Now please think about the financial situation among members of your household. Among the adults in your household, which of you is the most knowledgeable about the assets, debts and retirement planning of your household? *Choose only one.*

- ☐ Me
- ☐ My spouse/partner
- ☐ Another adult in my household who is not my spouse/partner (please specify relationship, such as child, parent, etc.): _____
- ☐ My spouse/partner and I are equally knowledgeable
- ☐ Another adult in my household who is not my spouse/partner and I are equally knowledgeable
- ☐ Other, please specify:

- 12 We would like to understand how the financial responsibilities are divided in your household. Among the adults in your household, which of you is primarily responsible for making long-term saving and investment plans? *Choose only one.*

- ☐ Me
- ☐ My spouse/partner
- ☐ Another adult in my household who is not my spouse/partner (please specify relationship, such as child, parent, etc.): _____
- ☐ My spouse/partner and I make the household plans together
- ☐ Another adult in my household who is not my spouse/partner and I make the household plans together
- ☐ My spouse/partner and another adult in the household make the plans together
- ☐ I make my own individual plan separate from any other adult in the household
- ☐ Other, please specify:

13 In the past year, have you received financial information related to retirement from any of the following sources? This would include information on such things as retirement planning, saving, or investing. *Check all that apply.*

- ☐ One-on-one meeting(s) or communications with professional financial services providers (e.g., in person, by phone, by email)
- ☐ Seminar or group meeting(s) with professional financial services providers (e.g., in person, video presentation, webinar)
- ☐ Personalized information via website(s) (e.g., online chat with financial service representative, or financial calculators that analyze your retirement savings or investment accounts and/or make recommendations for changes to your retirement holdings or contributions)
- ☐ General information via website(s) (e.g., websites that provide general financial information or advice related to retirement)
- ☐ Government websites or publications (e.g., from Social Security Administration or IRS)
- ☐ Members of your household
- ☐ Friends and family outside of your household
- ☐ Coworkers
- ☐ Books/ Newspapers/ Magazines/ Television
- ☐ Other, please specify:

OR

- ☐ I have not received any such financial information in the past year >> **GO TO 16**

14 Please rank the sources of information from **the previous question** in order of importance to your financial planning for retirement by writing the top three in the boxes below.

Most Important

Second Most Important

Third Most Important

15 How often do you seek out financial advice information to retirement? *Choose only one.*

- ☐ Never
- ☐ No more than once per year
- ☐ A few times per year
- ☐ Every month
- ☐ Every week

16 In the past year, have you received financial information not related to retirement through any of the following types of direct communication with a professional financial services provider? *Check all that apply.*

- ☐ One-on-one meeting(s) or communications with professional financial services providers (e.g., in person, by phone, by email)
- ☐ Seminar or group meeting(s) with professional financial services providers (e.g., in person, video presentation, webinar)
- ☐ Personalized information via website(s) (e.g., online chat with financial service representative, or financial calculators that help with monthly budgeting)

OR

- ☐ I have not received any such financial information in the past year

If you live with a spouse/partner, please continue with this section. Otherwise, please skip to Section 3: Saving and Spending.

17 In the past year, has your spouse/partner received financial information related to retirement through any of the following types of direct communication with a professional financial services provider? *Please include any of the communications related to retirement that you just told us about, if your spouse/partner participated as well. Check all that apply.*

- ☐ One-on-one meeting(s) or communications with professional financial services providers (e.g., in person, by phone, by email)
- ☐ Seminar or group meeting(s) with professional financial services providers (e.g., in person, video presentation, webinar)
- ☐ Personalized information via website(s) (e.g., online chat with financial service representative, or financial calculators that analyze your retirement savings or investment accounts and/or make recommendations for changes to your retirement holdings or contributions)
- ☐ Don't know >>**GO TO 19**

OR

- ☐ My spouse/partner has not received any such financial information in the past year >>**GO TO 19**

18 Did you participate in the meeting(s) and/or communications along with your spouse/partner? *Choose only one.*

- ☐ Yes, I participated in each one
- ☐ I participated in some but not all of the meetings and/or communications
- ☐ No, I did not participate

- 19 In the past year, has your spouse/partner received financial advice not related to retirement through any of the following types of direct communication with a professional financial services provider? *Please include any of the communications not related to retirement that you just told us about, if your spouse/partner participated as well. Check all that apply.*

- ☐ One-on-one meeting(s) or communications with professional financial services providers (e.g., in person, by phone, by email)
- ☐ Seminar or group meeting(s) with professional financial services providers (e.g., in person, video presentation, webinar)
- ☐ Personalized information via website(s) (e.g., online chat with financial service representative, or financial calculators that help with monthly budgeting)
- ☐ Don't know

OR

- ☐ My spouse/partner has not received any such financial information in the past year

Section 3: Saving and Spending

- 20 Suppose you had \$100 in a savings account and the interest rate was 2% per year. After 5 years, how much do you think you would have in the account if you left the money to grow? *Choose only one.*

- ☐ More than \$102
- ☐ Exactly \$102
- ☐ Less than \$102
- ☐ Don't know

- 21 Imagine that the interest rate on money held in your savings account was 1% per year and that the rate of price inflation on the things you buy was 2% per year. Generally speaking, how much would you be able to buy with money held in this savings account after 1 year? *Choose only one.*

- ☐ More than today
- ☐ Exactly the same
- ☐ Less than today
- ☐ Don't know

- 22 True or False: Buying a single company's stock usually provides a safer return than a stock mutual fund. *Choose only one.*

- ☐ True
- ☐ False
- ☐ Don't know

- 23 Please indicate the degree to which you agree with the following statements.

- a. I am pretty good at math. *Choose only one.*

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree or disagree
- ☐ Agree
- ☐ Strongly agree

- b. I am good at dealing with day-to-day financial matters, such as checking accounts, credit and debit cards, and tracking expenses. *Choose only one.*

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree or disagree
- ☐ Agree
- ☐ Strongly agree

- 24 Over the past year, would you say your household's spending was less than, more than, or about equal to your household's income? *Please do not include the purchase of a new house or car, or other big investments you may have made over the past year. Choose only one.*

- ☐ Spending less than income
☐ Spending about equal to income
☐ Spending more than income
☐ Don't know

- 25 Please indicate below the option that best describes your payments on credit cards. *Choose only one.*

- ☐ Always pay off monthly
☐ Generally pay off monthly
☐ Occasionally pay off monthly
☐ Seldom pay off, but try to pay down
☐ Generally pay the minimum each month
☐ Pay less than the minimum or skip payments
☐ Don't know
☐ I don't have any credit cards

- 26 Imagine you just won a lottery prize and have to choose now between one of two options for receiving your payment. Which would you choose?

A. Between these two options, which would you choose:

- ☐ \$1,000 one year from today >> **GO TO 26B**
☐ \$1,250 two years from today >> **GO TO 26C**

B. Between these two options, which would you choose:

- ☐ \$1,000 one year from today >> **GO TO SECTION 4**
☐ \$1,650 two years from today >> **GO TO SECTION 4**

C. Between these two options, which would you choose:

- ☐ \$1,000 one year from today
☐ \$1,100 two years from today

Section 4: Your Employment

- 27 We are interested in your present job status. Which one of the following BEST describes your current employment situation? *Choose only one.*

- ☐ Working now
- ☐ Temporarily laid off and awaiting recall
- ☐ On sick or other leave
- ☐ Not employed, but looking for a job
>>> **GO TO SECTION 6**
- ☐ Not employed and not looking for a job
>>> **GO TO SECTION 6**
- ☐ Homemaker >> **GO TO SECTION 6**
- ☐ Disabled and not working >> **GO TO SECTION 6**
- ☐ Student >> **GO TO 29**
- ☐ Retired >> **GO TO 29**

- 28 Next are some questions about your current, main job. Do you work for someone else, are you self-employed, or something else? *Choose only one.*

- ☐ Work full-time for someone else >> **GO TO 30**
- ☐ Work part-time for someone else >> **GO TO 30**
- ☐ Work for yourself (self-employed)
- ☐ Work as a partner in a partnership (e.g. partner in law firm, medical practice)
- ☐ Work as a consultant/contractor

- 29 Do you also have a paid job, working for someone else? *Check all that apply*

- ☐ Work full-time for someone else
- ☐ Work part-time for someone else
- ☐ No >> **GO TO SECTION 6**

- 30 If you were paid the same hourly rate that you make at your main job regardless of the number of hours you work, would you prefer to:

- ☐ Work the same number of hours that you usually work
- ☐ Work more hours for more money
- ☐ Work fewer hours for less money

- 31 Next are some questions about your main paid job, working for someone else. On this job, how frequently are you paid? That is, what is your "pay period"? *Choose only one.*

- ☐ Daily
- ☐ Weekly
- ☐ Every two weeks
- ☐ Monthly
- ☐ Other, please specify:

- 32 On this job, are you a member of a labor union or of an employee association similar to a union? *Choose only one.*

- ☐ Yes
- ☐ No
- ☐ Don't know

- 33 On this job, are you covered by a union or employee association contract? *Choose only one.*

- ☐ Yes
- ☐ No
- ☐ Don't know

- 34 Are you employed by the government at the federal, state, or local level? *This includes teachers and other service workers who are on the payrolls of local government, school district, and other agencies of state and local government. Choose only one.*

- ☐ Yes, federal government
☐ Yes, state government
☐ Yes, local government (e.g., county, city, township)
☐ No

- 35 Will you please tell us the name of your employer on this job?

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- 36 To be certain that we can correctly identify your employer, please tell us the Federal Employer Identification Number or "EIN". This number may be found, for example, on the Form W-2 you received from your employer in order to file your taxes. This number is reported in box b of your W-2, under the heading "Employer I.D. number." What is the Employer I.D. number?

Note: If you have a Form W-2 from this employer, please enter the Federal I.D. number from box b, not the state I.D. number shown elsewhere on your W-2.

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Section 5: Your Current Employer-Provided Retirement Plan

- 37 Now we'd like to ask some questions about retirement plans at this job, provided by your employer or union. This includes traditional pension plans, 401(k) plans, SEP and SIMPLE IRAs, savings-and-thrift plans, deferred profit-sharing plans, and other types like stock ownership plans. **Do you have a retirement plan at your current, main job?** *Choose only one.*

- ☐ Yes
☐ No >> **GO TO 62**
☐ Don't know >> **GO TO 62**

- 38 In some retirement plans, known as "Defined Benefit" plans, retirement benefits are usually paid based on a formula involving age, years of service and salary.

In other retirement plans, known as "Defined Contribution" plans, money is accumulated in a retirement account for you.

At this job, is/are your retirement plan(s) of the "Defined Benefit" type or of the "Defined Contribution" type? *Choose only one.*

- ☐ Defined Benefit – benefits paid out based on a formula
☐ Defined Contribution - money accumulates in a retirement account for me
☐ Both types
☐ Don't know

- 39 Do you participate in one retirement plan at this job or more than one plan? *Choose only one.*

- ☐ One plan at this job >> **GO TO 41**
☐ More than one plan at this job
☐ Don't know >> **GO TO 41**

40 Now we have some questions about the plan at this job that is the most important to you. **Is this retirement plan of the "Defined Benefit" type or of the "Defined Contribution" type?** *Choose only one.*

- ☐ Defined Benefit – benefits paid out based on a formula
- ☐ Defined Contribution - money accumulates in a retirement account for me
- ☐ Both types
- ☐ Don't know

41 Is this retirement plan provided by your employer, by your labor union, or both? *Choose only one.*

- ☐ My employer
- ☐ My labor union
- ☐ Both

42 Were you automatically enrolled in the plan by your current employer or union or did you have to actively choose to enroll? *Choose only one.*

- ☐ I was automatically enrolled by my employer or union
- ☐ I actively chose to enroll
- ☐ Don't know

43 Do you have any choice over how the money in this retirement plan is invested? *For example, choices about investments in stocks or stock mutual funds, bonds or bond funds, or money market accounts. Choose only one.*

- ☐ Yes
- ☐ No >> **GO TO 46**
- ☐ Don't know >> **GO TO 46**

44 Does the plan offer you an option to receive financial advice on which investment options you should choose? *Choose only one.*

- ☐ Yes
- ☐ No >> **GO TO 46**
- ☐ Don't know >> **GO TO 46**

45 What types of advice does your plan offer? *Check all that apply.*

- ☐ One-on-one meeting(s) or communications with professional financial services providers (e.g., in person, by phone, by email)
- ☐ Seminar or group meeting(s) with professional financial services providers (e.g., in person, video presentation, webinar)
- ☐ Personalized information via the plan's website (e.g., online chat with financial service representative, or financial calculators that analyze your retirement savings or investment accounts and/or make recommendations for changes to your retirement holdings or contributions)
- ☐ General information via the plan's website (e.g., websites that provide general financial information or advice related to retirement)
- ☐ Other, please specify:

46 Have you made any choices about how the money in this retirement plan is invested? *For example, choices about investments in stocks or stock mutual funds, bonds or bond funds, or money market accounts. Choose only one.*

- ☐ Yes, I chose how to invest the money
- ☐ No, the investments were selected for me automatically
- ☐ Don't know

47 How do you make your choices on how the money is invested? *Check all that apply.*

- ☐ I do the research on my own
- ☐ I use online tools offered by the plan provider
- ☐ My plan offers the services of a financial adviser and I ask them for help
- ☐ I use the services of a professional financial adviser who is not associated with the plan.
- ☐ I get help from coworkers
- ☐ I get help from family and/or friends

☐ Other, please specify:

48 Do you currently make contributions to this plan? *For example, contributions through salary deduction or union dues. Choose only one.*

- ☐ Yes
- ☐ No >>**GO TO 51**
- ☐ Don't know >>**GO TO 51**

49 Did you choose the amount of money to contribute or was the amount automatically selected for you? *Choose only one.*

- ☐ I chose the amount to contribute
- ☐ The amount was selected for me automatically
- ☐ Don't know

50 What amount do you contribute currently per pay period or per year? *Please complete for either dollar amount or percent in one of the boxes below.*

Amount per pay period \$

--	--	--	--	--	--	--

OR

Amount per year \$

--	--	--	--	--	--	--

OR

Percent of earnings per pay period

--	--	--

 %

OR

Percent of earnings per year

--	--	--

 %

51 Does your employer or union make contributions to this plan? *Choose only one.*

- ☐ Yes >> **GO TO 53**
- ☐ No
- ☐ Don't know

52 Would your employer or union make contributions to this plan if you made contributions?

- ☐ Yes >> **GO TO 55**
- ☐ No >> **GO TO 55**
- ☐ Don't know >> **GO TO 55**

- 53 What amount does your employer or union contribute currently per pay period or per year? *Please complete for either dollar amount or percent in the boxes below.*

Amount per pay period \$

OR

Amount per year \$

OR

Percent of earnings per pay period %

OR

Percent of earnings per year %

- 54 Does the amount of the employer or union contribution depend on the amount that you contribute? That is, does the employer or union make "matching contributions"? *Choose only one.*

- ☐ Yes
☐ No
☐ Don't know

- 55 Are you allowed to borrow against your holdings in this plan? *Choose only one.*

- ☐ Yes
☐ No >> **GO TO 59**
☐ Don't know >> **GO TO 59**

- 56 Do you currently have a loan against this plan? *Choose only one.*

- ☐ Yes >> **GO TO 58**
☐ No

- 57 Have you ever taken out a loan against your holdings in this plan? *Choose only one.*

- ☐ Yes
☐ No >> **GO TO 59**

- 58 For what purpose(s) did you borrow this money? *Check all that apply.*

- ☐ Pay medical expenses
☐ Pay credit card bill(s)
☐ Pay other regular household expenses (e.g., rent, utility bills)
☐ Cover the down payment on your principal residence
☐ Avoid eviction or foreclosure on your principal residence
☐ Pay college tuition
☐ Pay other educational expenses
☐ Cover funeral expenses for a family member
☐ Other, please specify:

- 59 Have you ever taken any withdrawals from this account?

- ☐ Yes
☐ No >> **GO TO SECTION 6**
☐ Don't know >> **GO TO SECTION 6**

60 For what purpose(s) did you withdraw this money? *Check all that apply.*

- ☐ Pay medical expenses
- ☐ Pay credit card bill(s)
- ☐ Pay other regular household expenses (e.g., rent, utility bills)
- ☐ Cover the down payment on your principal residence
- ☐ Avoid eviction or foreclosure on your principal residence
- ☐ Pay college tuition
- ☐ Pay other educational expenses
- ☐ Cover funeral expenses for a family member
- ☐ Received regular distribution after age 59½
- ☐ Other, please specify:

61 Did you pay a 10 percent tax penalty on the withdrawal, in addition to regular income taxes? *Choose only one.*

- ☐ Yes >> **GO TO SECTION 6**
- ☐ No, because I was over age 59½ when I took the withdrawal >> **GO TO SECTION 6**
- ☐ No, for other reason(s) >> **GO TO SECTION 6**
- ☐ Don't know >> **GO TO SECTION 6**

62 Does your current employer or union offer a retirement plan? *Choose only one.*

- ☐ Yes
- ☐ No >> **GO TO SECTION 6**
- ☐ Don't know >> **GO TO SECTION 6**

63 Which one offers a retirement plan - your current employer, your current labor union, or both? *Choose only one.*

- ☐ My employer
- ☐ My labor union
- ☐ Both

64 Are you eligible to be included in any of these retirement plans? *Choose only one.*

- ☐ Yes
- ☐ No >> **GO TO 68**
- ☐ Don't know >> **GO TO 68**

65 Does your current employer's or union's retirement plan automatically enroll workers like you? *Choose only one.*

- ☐ Yes, I would have been automatically enrolled in my employer's or union's plan, but I opted out of participating in it
- ☐ No, I was not automatically enrolled in any plan
- ☐ Don't know

66 Does your current employer or union make contributions to any retirement plan for which you are eligible? *Choose only one.*

- ☐ Yes
- ☐ No
- ☐ Don't know

- 67 Do you intend to participate in a retirement plan provided by your current employer or union at some time in the future? *Choose only one.*

☐ Yes >> **GO TO SECTION 6**
☐ No >> **GO TO SECTION 6**
☐ Don't know >> **GO TO SECTION 6**

- 68 Will you be eligible if you continue to work for this employer or union? *Choose only one.*

☐ Yes
☐ No >> **GO TO SECTION 6**
☐ Don't know >> **GO TO SECTION 6**

- 69 How many more years will you have to work for this employer or union before you will be eligible?

YEARS

Section 6: Your Other Employer-Provided Retirement Plans

We would like to ask you some questions about other pension or retirement plans you may currently have, other than the plan(s) at the job you may have just told us about in **Section 5**.

- 70 Do you have any *other* pension, retirement or retirement savings plans from any current or previous business, employer or union? Please include only plans provided by a business, employer or union. Do not include any plan at the job you told us about in Section 5.

☐ Yes
☐ No >> **GO TO 73**
☐ Don't know >> **GO TO 73**

- 71 How many other plans do you have?

☐ More than one *other* plan
☐ Just one *other* plan

- 72 In some retirement plans, known as "Defined Benefit" plans, retirement benefits are usually paid based on a formula involving age, years of service and salary.

In other retirement plans, known as "Defined Contribution" plans, money is accumulated in a retirement account for you.

Among these *other* retirement plans provided by a business, employer, or union, do you have a "Defined Contribution" plan? *Choose only one.*

☐ Yes
☐ No
☐ Don't know

- 73 Are you currently living with a spouse/partner?

☐ Yes
☐ No >> **GO TO SECTION 10**

Section 7: Your Spouse/Partner's Employment

- 74 We are interested in your spouse's/partner's present job status. Which one of the following BEST describes his/her current employment situation? *Choose only one.*

- ☐ Working now
- ☐ Temporarily laid off and awaiting recall
- ☐ On sick or other leave
- ☐ Not employed, but looking for a job
>>> **GO TO SECTION 9**
- ☐ Not employed and not looking for a job
>>> **GO TO SECTION 9**
- ☐ Homemaker >> **GO TO SECTION 9**
- ☐ Disabled and not working >> **GO TO SECTION 9**
- ☐ Student >> **GO TO 76**
- ☐ Retired >> **GO TO 76**

- 75 Next are some questions about his/her current, main job. Does he/she work for someone else, is he/she self-employed, or something else? *Choose only one.*

- ☐ Works full-time for someone else >> **GO TO 77**
- ☐ Works part-time for someone else >> **GO TO 77**
- ☐ Work for his/herself (self-employed)
- ☐ Works as a partner in a partnership (e.g. partner in law firm, medical practice)
- ☐ Works as a consultant/contractor

- 76 Does he/she also have a paid job, working for someone else? *Check all that apply*

- ☐ Works full-time for someone else
- ☐ Works part-time for someone else
- ☐ No >> **GO TO SECTION 9**

- 77 If your spouse/partner were paid the same hourly rate that he/she makes at his/her main job regardless of the number of hours worked, do you think he/she would you prefer to:

- ☐ Work the same number of hours that he/she usually works
- ☐ Work more hours for more money
- ☐ Work fewer hours for less money

- 78 Next are some questions about his/her main paid job, working for someone else. On this job, how frequently is he/she paid? That is, what is the "pay period"? *Choose only one.*

- ☐ Daily
- ☐ Weekly
- ☐ Every two weeks
- ☐ Monthly
- ☐ Other, please specify:

- 79 On this job, is your spouse/partner a member of a labor union or of an employee association similar to a union? *Choose only one.*

- ☐ Yes
- ☐ No
- ☐ Don't know

- 80 On this job, is your spouse/partner covered by a union or employee association contract? *Choose only one.*

- ☐ Yes
- ☐ No
- ☐ Don't know

- 81 Is your spouse/partner employed by the government at the federal, state, or local level? *This includes teachers and other service workers who are on the payrolls of local government, school district, and other agencies of state and local government. Choose only one.*

- ☐ Yes, federal government
☐ Yes, state government
☐ Yes, local government (e.g., county, city, township)
☐ No

- Q82 Will you please tell us the name of your spouse's/partner's employer on this job?

- 83 To be certain that we can correctly identify your spouse's/partner's employer, please tell us the Federal Employer Identification Number or "EIN". This number may be found, for example, on the Form W-2 he/she received from his/her employer in order to file taxes. This number is reported in box b of his or her W-2, under the heading "Employer I.D. number." What is the Employer I.D. number? *Note: If he/she has a Form W-2 from this employer, please enter the Federal I.D. number from box b, not the state I.D. number shown elsewhere on his/her W-2.*

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Section 8: Your Spouse's/Partner's Current Employer-Provided Retirement Plan

- 84 Now we'd like to ask some questions about retirement plans at your spouse's/partner's job, provided by his or her employer or union. This includes traditional pension plans, 401(k) plans, SEP and SIMPLE IRAs, savings-and-thrift plans, deferred profit-sharing plans, and other types like stock ownership plans. **Does your spouse/partner have a retirement plan at his or her current, main job?** *Choose only one.*

- ☐ Yes
☐ No >> **GO TO 109**
☐ Don't know >> **GO TO 109**

- 85 In some retirement plans, known as "Defined Benefit" plans, retirement benefits are usually paid based on a formula involving age, years of service and salary.

In other retirement plans, known as "Defined Contribution" plans, money is accumulated in a retirement account for you.

At this job, is/are your spouse's/partner's retirement plan(s) of the "Defined Benefit" type or of the "Defined Contribution" type? *Choose only one.*

- ☐ Defined Benefit – benefits paid out based on a formula
☐ Defined Contribution - money accumulates in a retirement account for him/her
☐ Both types
☐ Don't know

86 Does he/she participate in one retirement plan at this job or more than one plan? *Choose only one.*

- ☐ One plan at this job >> **GO TO 88**
☐ More than one plan at this job
☐ Don't know >> **GO TO 88**

87 Now we have some questions about the plan at this job that is the most important to him/her. **Is this retirement plan of the "Defined Benefit" type or of the "Defined Contribution" type?** *Choose only one.*

- ☐ Defined Benefit – benefits paid out based on a formula
☐ Defined Contribution - money accumulates in a retirement account for him/her
☐ Both types
☐ Don't know

88 Is this retirement plan provided by your employer, by his/her labor union, or both? *Choose only one.*

- ☐ His/Her employer
☐ His/Her labor union
☐ Both
☐ Don't know

89 Was your spouse/partner automatically enrolled in the plan by his/her current employer or union or did he/she have to actively choose to enroll? *Choose only one.*

- ☐ Automatically enrolled by employer or union
☐ Actively chose to enroll
☐ Don't know

90 Do your spouse/partner have any choice over how the money in this retirement plan is invested? *For example, choices about investments in stocks or stock mutual funds, bonds or bond funds, or money market accounts. Choose only one.*

- ☐ Yes
☐ No >> **GO TO 93**
☐ Don't know >> **GO TO 93**

91 Does the plan offer an option to receive financial advice on which investment options he/she should choose? *Choose only one.*

- ☐ Yes
☐ No >> **GO TO 93**
☐ Don't know >> **GO TO 93**

92 What types of advice does the plan offer? *Check all that apply.*

- ☐ One-on-one meeting(s) or communications with professional financial services providers (e.g., in person, by phone, by email)
☐ Seminar or group meeting(s) with professional financial services providers (e.g., in person, video presentation, webinar)
☐ Personalized information via the plan's website (e.g., online chat with financial service representative, or financial calculators that analyze your retirement savings or investment accounts and/or make recommendations for changes to your retirement holdings or contributions)
☐ General information via the plan's website (e.g., websites that provide general financial information or advice related to retirement)
☐ Other, please specify:

93 Has your spouse/partner made any choices about how the money in this retirement plan is invested? *For example, choices about investments in stocks or stock mutual funds, bonds or bond funds, or money market accounts. Choose only one.*

- ☐ Yes, chose how to invest the money
- ☐ No, the investments were selected for him/her automatically
- ☐ Don't know

94 How does he/she make his/her choices on how the money is invested? *Check all that apply.*

- ☐ Does the research on his/her own
- ☐ Uses online tools offered by the plan provider
- ☐ Plan offers the services of a financial adviser and he/she asks them for help
- ☐ Uses the services of a professional financial adviser who is not associated with the plan.
- ☐ Gets help from coworkers
- ☐ Gets help from family and/or friends
- ☐ Other, please specify:

95 Does your spouse/partner currently make contributions to this plan? *For example, contributions through salary deduction or union dues. Choose only one.*

- ☐ Yes
- ☐ No >> **GO TO 98**
- ☐ Don't know >> **GO TO 98**

96 Did he/she choose the amount of money to contribute or was the amount automatically selected for him/her? *Choose only one.*

- ☐ He/She chose the amount to contribute
- ☐ The amount was selected for him/her automatically
- ☐ Don't know

97 What amount does he/she contribute currently per pay period or per year? *Please complete for either dollar amount or percent in one of the boxes below.*

Amount per pay period \$

--	--	--	--	--	--	--

OR

Amount per year \$

--	--	--	--	--	--	--

OR

Percent per pay period

--	--	--

 %

OR

Percent per year

--	--	--

 %

98 Does his/her employer or union make contributions to this plan? *Choose only one.*

- ☐ Yes >> **GO TO 100**
- ☐ No
- ☐ Don't know

99 Would his/her employer or union make contributions to this plan if he/she made contributions?

- ☐ Yes >> **GO TO 102**
- ☐ No >> **GO TO 102**
- ☐ Don't know >> **GO TO 102**

100 What amount does his/her employer or union contribute currently per pay period or per year? *Please complete for either dollar amount or percent in one of the boxes below.*

Amount per pay period \$

OR

Amount per year \$

OR

Percent per pay period %

OR

Percent per year %

101 Does the amount of the employer or union contribution depend on the amount that your spouse/partner contributes? That is, does the employer/union make "matching contributions"? *Choose only one.*

- ☐ Yes
☐ No
☐ Don't know

102 Is your spouse/partner allowed to borrow against his/her holdings in this plan? *Choose only one.*

- ☐ Yes
☐ No >> **GO TO 106**
☐ Don't know >> **GO TO 106**

103 Does your spouse/partner currently have a loan against this plan? *Choose only one.*

- ☐ Yes >> **GO TO 105**
☐ No
☐ Don't know

104 Has your spouse/partner ever taken out a loan against his/her holdings in this plan? *Choose only one.*

- ☐ Yes
☐ No >> **GO TO 106**
☐ Don't know >> **GO TO 106**

105 For what purpose(s) did he/she borrow this money? *Check all that apply.*

- ☐ Pay medical expenses
☐ Pay credit card bill(s)
☐ Pay other regular household expenses (e.g., rent, utility bills)
☐ Cover the down payment on his/her principal residence
☐ Avoid eviction or foreclosure on his/her principal residence
☐ Pay college tuition
☐ Pay other educational expenses
☐ Cover funeral expenses for a family member
☐ Other, please specify:

- ☐ Don't know

106 Has your spouse/partner ever taken any withdrawals from this account? *Choose only one.*

- ☐ Yes
☐ No >> **GO TO SECTION 9**
☐ Don't know >> **GO TO SECTION 9**

107 For what purpose(s) did he/she withdraw this money? *Check all that apply.*

- ☐ Pay medical expenses
- ☐ Pay credit card bill(s)
- ☐ Pay other regular household expenses (e.g., rent, utility bills)
- ☐ Cover the down payment on his/her principal residence
- ☐ Avoid eviction or foreclosure on his/her principal residence
- ☐ Pay college tuition
- ☐ Pay other educational expenses
- ☐ Cover funeral expenses for a family member
- ☐ Received regular distribution after age 59 1/2
- ☐ Other, please specify:
- ☐ Don't know

108 Did he/she pay a 10 percent tax penalty on the withdrawal, in addition to regular income taxes? *Choose only one.*

- ☐ Yes >> **GO TO SECTION 9**
- ☐ No, because he/she was over age 59½ when he/she took the withdrawal >> **GO TO SECTION 9**
- ☐ No, for other reason(s) >> **GO TO SECTION 9**
- ☐ Don't know >> **GO TO SECTION 9**

109 Does your spouse's/partner's employer or union offer a retirement plan? *Choose only one.*

- ☐ Yes
- ☐ No >> **GO TO SECTION 9**
- ☐ Don't know >> **GO TO SECTION 9**

110 Which one offers a retirement plan - your spouse's/partner's employer, labor union, or both? *Choose only one.*

- ☐ His/her employer
- ☐ His/her labor union
- ☐ Both

111 Is he/she eligible to be included in any of these retirement plans? *Choose only one.*

- ☐ Yes
- ☐ No >> **GO TO 115**
- ☐ Don't know >> **GO TO 115**

112 Does your spouse's/partner's employer or union automatically enroll workers like him/her? *Choose only one.*

- ☐ Yes, he/she would have been automatically enrolled in the employer's or union's plan, but he/she opted out of participating in it
- ☐ No, he/she was not automatically enrolled in any plan
- ☐ Don't know

113 Does his/her employer or union make contributions to any retirement plan for which he/she is eligible? *Choose only one.*

- ☐ Yes
- ☐ No
- ☐ Don't know

114 Does your spouse/partner intend to participate in a retirement plan provided by his/her current employer or union sometime in the future? *Choose only one.*

- ☐ Yes >> **GO TO SECTION 9**
- ☐ No >> **GO TO SECTION 9**
- ☐ Don't Know >> **GO TO SECTION 9**

- 115 Will your spouse/partner be eligible if he/she continues to work for this employer or union? *Choose only one.*

☐ Yes
☐ No >> **GO TO SECTION 9**
☐ Don't know >> **GO TO SECTION 9**

- 116 How many more years will your spouse/partner have to work for this employer or union before he/she will be eligible?

YEARS

Section 9: Your Spouse's/Partner's Other Employer-Provided Retirement Plans

We would like to ask you some questions about other pension or retirement plans your spouse/partner may currently have, other than the plan(s) at the job you may have just told us about in **Section 8**.

- 117 Does your spouse/partner have any *other* pension, retirement or retirement savings plans from any current or previous business, employer or union? Please include only plans provided by a business, employer or union. Do not include any plan at the job you told us about in Section 8.

☐ Yes
☐ No >> **Section 10**
☐ Don't know >> **Section 10**

- 118 How many other plans does your spouse/partner have? *Choose only one.*

☐ More than one *other* plan
☐ Just one *other* plan

- 119 In some retirement plans, known as "Defined Benefit" plans, retirement benefits are usually paid based on a formula involving age, years of service and salary.

In other retirement plans, known as "Defined Contribution" plans, money is accumulated in a retirement account for you.

Among these *other* retirement plans provided by a business, employer, or union, does your spouse/partner have a "Defined Contribution" plan? *Choose only one.*

☐ Yes
☐ No
☐ Don't know

Section 10: Financial Planning

- 120 Did you (and your spouse/partner) ever try to figure out how much money you would need to have saved by the time you retire so that you could live comfortably in retirement? *Choose only one.*

☐ Yes
☐ No >> **GO TO 108**

- 121 Tell us about the ways you tried to figure out how much your household would need. *Choose one on each row.*

	Yes	No
Did you talk to family and relatives?	<input type="checkbox"/>	<input type="checkbox"/>
Did you talk to co-workers or friends?	<input type="checkbox"/>	<input type="checkbox"/>
Attend a retirement seminar?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use calculators or worksheets that are computer or Internet-based?	<input type="checkbox"/>	<input type="checkbox"/>
Did you consult a financial planner or adviser or an accountant?	<input type="checkbox"/>	<input type="checkbox"/>

122 Did you develop a plan for how to save for retirement? *Choose only one.*

- ☐ Yes
☐ No >> **GO TO 126**

123 Tell us how you developed this plan. *Choose one on each row.*

	Yes	No
Did you talk to family and relatives?	<input type="checkbox"/>	<input type="checkbox"/>
Did you talk to co-workers or friends?	<input type="checkbox"/>	<input type="checkbox"/>
Attend a retirement seminar?	<input type="checkbox"/>	<input type="checkbox"/>
Gather information from the Internet?	<input type="checkbox"/>	<input type="checkbox"/>
Gather information from books and/or television programs?	<input type="checkbox"/>	<input type="checkbox"/>
Did you consult a financial planner or adviser or an accountant?	<input type="checkbox"/>	<input type="checkbox"/>

124 About how long ago did you develop this plan? *Choose one.*

- ☐ In the past year
☐ About 1-2 years ago
☐ About 3-5 years ago
☐ More than 5 years ago

125 Have you revised the plan in any meaningful way in the past year? *Choose one.*

- ☐ Yes
☐ No

126 What keeps/kept you from saving more for retirement? *Check all that apply*

- ☐ Not willing to sacrifice things that add to quality of life
☐ Need money to pay basic monthly bills
☐ Saving for a child's education
☐ Paying off student loans
☐ Not knowing what type of retirement account to open
☐ Not knowing how to open a retirement account
☐ No knowing how to invest the funds
☐ Other, please specify:

OR

- ☐ Saving /Saved enough for retirement

127 Have you (and your spouse/partner) tried to figure out how to plan to pay for very expensive medical care or procedures and/or the costs of long-term care for you or a family member if it were to be necessary in the years ahead?

For purposes of this survey, when we use the term 'long-term care' we are referring to a range of services and supports one may require to meet personal care needs--such as bathing, dressing, using the toilet, and/or eating--after a significant deterioration in mental and/or physical health. Most long-term care is not medical care.

- ☐ Yes
☐ No >> **GO TO 129**

128 Tell us about the ways you tried to figure out how to plan to pay for such costs.

	Yes	No
Did you talk to family and relatives	<input type="checkbox"/>	<input type="checkbox"/>
Did you talk to co-workers or friends?	<input type="checkbox"/>	<input type="checkbox"/>
Did you gather information from the Internet?	<input type="checkbox"/>	<input type="checkbox"/>
Did you gather information from books and/or television programs?	<input type="checkbox"/>	<input type="checkbox"/>
Did you consult a financial planner or advisor or an accountant?	<input type="checkbox"/>	<input type="checkbox"/>
Did you consult with an insurance agent or insurance broker?	<input type="checkbox"/>	<input type="checkbox"/>

129 Have you taken any steps to "protect" some of your assets, perhaps via transfers to family, friends, and/or an irrevocable trust, so that these assets would not be counted in determining your eligibility for Medicaid benefits to pay for the cost of long-term care?

☐ Yes
☐ No

Section 11: Health Insurance and Long-Term Care Insurance

130 Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a - j.

	Yes	No
a. Health insurance through a current or former employer or union (of you or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
b. Health insurance purchased directly from an insurance company (by you or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
c. Health insurance purchased through a State Health Insurance Exchange Marketplace (by you or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
d. Medicare, for people 65 and older, or people with certain disabilities	<input type="checkbox"/>	<input type="checkbox"/>
e. Medicare Supplemental Insurance, also known as "Medigap" insurance	<input type="checkbox"/>	<input type="checkbox"/>
f. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>
g. VA health care	<input type="checkbox"/>	<input type="checkbox"/>
h. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>
i. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>
j. Any other type of health insurance or health coverage plan	<input type="checkbox"/>	<input type="checkbox"/>

Please specify:

131 Do you currently have a long-term care insurance policy? *Do not include any long-term care insurance provided by a government program, such as Medicaid.*

- ☐ Yes
☐ No >> **GO TO 135**
☐ Don't know >> **GO TO 135**

132 In what year did you purchase this policy?

133 Did you purchase your long-term care insurance policy through a current or past employer or spouse's/partner's employer?

- ☐ Yes
☐ No

134 Have you ever received benefits under your long-term care insurance policy?

- ☐ Yes
☐ No

135 Have you ever applied for long-term care insurance and had your application denied?

- ☐ Yes
☐ No

136 Are you currently employed?

- ☐ Yes
☐ No >> **GO TO 138**

137 Does your current employer offer a long-term care insurance policy as part of your employee benefits?

- ☐ Yes
☐ No

138 Are you currently living with a spouse/partner?

- ☐ Yes
☐ No >> **GO TO SECTION 12**

139 Is your spouse/partner CURRENTLY covered by any of the following types of health insurance or health coverage plans? *Mark "Yes" or "No" for EACH type of coverage in items a - j.*

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Health insurance through a current or former employer or union (of him/her or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Health insurance purchased directly from an insurance company (by him/her or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Health insurance purchased through a State Health Insurance Exchange Marketplace (by him/her or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Medicare Supplemental Insurance, also known as "Medigap" insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| g. VA health care | <input type="checkbox"/> | <input type="checkbox"/> |
| h. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Any other type of health insurance or health coverage plan | <input type="checkbox"/> | <input type="checkbox"/> |

Please specify:

140 Does your spouse/partner currently have a long-term care insurance policy? *Do not include any long-term care insurance provided by a government program, such as Medicaid.*

- ☐ Yes
☐ No >> **GO TO 144**
☐ Don't know >> **GO TO 144**

141 In what year did your spouse/partner purchase this policy?

142 Did he/she purchase the long-term care insurance policy through a current or past employer or spouse's/partner's employer?

- ☐ Yes
☐ No

143 Has your spouse/partner ever received benefits under his/her long-term care insurance policy?

- ☐ Yes
☐ No

144 Has he/she ever applied for long-term care insurance and had his/her application denied?

- ☐ Yes
☐ No
☐ Don't know

145 Is your spouse/partner currently employed?

- ☐ Yes
☐ No >> **GO TO SECTION 12**

146 Does your spouse's/partner's current employer offer a long-term care insurance policy as part of his/her employee benefits?

- ☐ Yes
☐ No
☐ Don't know

Section 12: Income and IRAs

147 Which category represents the total combined income of all members of your family (living here) during the year 2015? *This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, Social Security payments and any other money income received by members of your family who are 15 years of age or older. Choose only one.*

- ☐ Less than \$5,000
☐ \$5,000 to \$7,499
☐ \$7,500 to \$9,999
☐ \$10,000 to \$12,499
☐ \$12,500 to \$14,999
☐ \$15,000 to \$19,999
☐ \$20,000 to \$24,999
☐ \$25,000 to \$29,999
☐ \$30,000 to \$34,999
☐ \$35,000 to \$39,999
☐ \$40,000 to \$49,999
☐ \$50,000 to \$59,999
☐ \$60,000 to \$74,999
☐ \$75,000 to \$99,999
☐ \$100,000 to \$124,999
☐ \$125,000 to \$199,999
☐ \$200,000 or more

148 Now please think about how much money **you personally** earned in 2015. What was the total of your wages, salary, commissions, bonuses, and tips from all jobs?

Please report the total amount before deductions for taxes, bonds, dues, or other items.

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- 149 Now please think about how much money **your spouse/partner** earned in 2015. What was the total of his or her wages, salary, commissions, bonuses, and tips from all jobs? *Please report the total amount before deductions for taxes, bonds, or other items. Please leave blank if you are not currently living with a spouse/partner.*

\$

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- 150 We now have some more questions about money or assets you or you and your spouse/partner may have in dedicated retirement accounts. We previously asked about retirement plans you and your spouse/partner may have through a business, employer or union. We begin with a question about a different type of retirement plan.

Here we would like to ask just about IRAs that you personally have. These may include accounts that you "rolled over" into an IRA after leaving a previous job, as well as Roth IRAs or any other type of IRA account that is not part of a retirement plan from a current or past job. It would also include a Payroll Deduction IRA where you established an IRA with a financial institution, and then you authorized your employer to take money out of your paycheck and deposit it into your IRA account.

Do you have any IRAs? *Choose only one.*

- ☐ Yes
☐ No >> **GO TO 156**

- 151 Did you make any contributions to an IRA account in the 2015 tax year? That is, did you put any money into an IRA account that year? *Please do not count money rolled over into an IRA in 2015 from another retirement account.*

- ☐ Yes
☐ No >> **GO TO 153**
☐ Don't know >> **GO TO 153**

- 152 How much did you contribute in the 2015 tax year?

\$

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- 153 Have you made any contributions to an IRA account for the current tax year (2016)?

- ☐ Yes
☐ No
☐ Don't know

- 154 Were any of these 2015 or 2016 contributions made by payroll deduction on your job? That is, was money deducted from your paycheck and deposited into your IRA account? *Choose only one. Please leave blank if you did not make any contributions.*

- ☐ Yes
☐ No
☐ Don't know

- 155 Did you already tell us about this IRA when we asked you earlier about retirement plans provided by a business, employer, or union (in Section 5 or 6)?

- ☐ Yes
☐ No

- 156 Are you currently living with a spouse/partner?

- ☐ Yes
☐ No >> **GO TO SECTION 13**

- 157 Does your spouse/partner have any IRAs?

- ☐ Yes
☐ No >> **GO TO SECTION 13**
☐ Don't know >> **GO TO SECTION 13**

158 Did he/she make any contributions to an IRA account in the 2015 tax year? That is, did your spouse/partner put any money into an IRA account that year? *Please do not count money rolled over into an IRA in 2015 from another retirement account.*

- ☐ Yes
☐ No >> **GO TO 160**
☐ Don't know >> **GO TO 160**

Q How much did your spouse/partner contribute
159 in the 2015 tax year?

\$

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160 Has he/she made any contributions to an IRA account for the current tax year (2016)?

- ☐ Yes
☐ No
☐ Don't know

161 Were any of these 2015 or 2016 contributions made by payroll deduction on his/her job? That is, was money deducted from his/her paycheck and deposited into his/her IRA account? *Choose only one. Please leave blank if your spouse/partner did not make any contributions.*

- ☐ Yes
☐ No
☐ Don't know

162 Were any of these contributions made by payroll deduction on his/her job? That is, was money deducted from his/her paycheck and deposited into his/her IRA account? *Choose only one.*

- ☐ Yes
☐ No
☐ Don't know

163 Did you already tell us about this IRA when we asked you earlier about his/her retirement plans provided by a business, employer, or union (in Section 8 or 9)?

- ☐ Yes
☐ No

Section 13: Dedicated Retirement Accounts

164 Now please think about all of the money or assets that you personally have in any type of dedicated retirement account - that is, 401(k) plans, IRAs, Keogh accounts, and the like.

At the present time, about how much money TOTAL do you personally have in all of your dedicated retirement accounts? *Please do not include any money that is in your spouse s/partner s accounts.*

\$

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165 Is any of the money in these accounts invested in stocks, either directly in stocks or in investment funds that hold stock? *Please include any type of investment fund based on stocks, such as stock mutual funds, stock Index Funds, or stock ETFs.*

- ☐ Yes
☐ No

166 About what percent is invested in stocks or stock investment funds? (0-100%)

--	--	--

 %

167 Are you living with a spouse/partner?

- ☐ Yes
☐ No >> **GO TO SECTION 14**

- 168 Now please think about all of the money or assets that your spouse/partner has in any type of dedicated retirement account - that is, 401(k) plans, IRAs, Keogh accounts, and the like.

At the present time, about how much money TOTAL does your spouse/partner have in all of his/her dedicated retirement accounts? *Please do not include any money that is in your personal accounts.*

\$

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- 169 Is any of the money in these accounts invested in stocks, either directly in stocks or in investment funds that hold stocks? *Please include any type of investment fund based on stocks, such as stock mutual funds, stock, Index Funds, stock or ETFs.*

☐ Yes
☐ No

- 170 About what percent is invested in stocks or stock investment funds? (0-100%)

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 %

Section 14: All Other Accounts

- 171 Now please think about all of the other money or assets that you and your spouse/partner have in all other types of accounts - such as checking or savings accounts, regular investment accounts or brokerage accounts - and other holdings of cash, stocks, savings bonds, treasury bills, mutual funds, money market funds, certificates of deposit (CDs), and the like. *Some of these may be individual accounts, belonging to either you or your spouse/partner, and others may be joint accounts.*

If you added up the total dollar amount of these accounts and holdings, about how much would they amount to right now?

Do not include the value of housing or other real estate.

Do not include the money or assets you (and your spouse/partner) have in dedicated retirement accounts such as 401(k) plans or IRAs that you have just told us about.

\$

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- 172 Is any of the money in these accounts invested in stocks, either directly in stocks or in investment funds that hold stocks? *Please include any type of investment fund based on stocks, such as stock mutual funds, stock Index Funds, or stock ETFs.*

☐ Yes
☐ No

- 173 About what percent is invested in stocks or stock investment funds? (0-100%)

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 %

174 Are you less than 85 years old?

☐ Yes

☐ No >> GO TO SECTION 16

Section 15: Expectations

Next we would like to ask your opinion about how likely you think various events might be in terms of percent chance. These questions ask for you to give a number from 0 to 100, where "0" means that you think there is absolutely no chance, and "100" means that you think the event is absolutely sure to happen.

For example, no one can ever be sure about tomorrow's weather, but if you think that rain is very unlikely tomorrow, you might say that there is a 10 percent chance of rain. If you think there is a very good chance that it will rain tomorrow, you might say that there is an 80 percent chance of rain.

175 Are you less than 65 years old?

☐ Yes

☐ No >> GO TO 178

176 Now please think again about all of the money or assets that you personally have in any type of dedicated retirement account - that is, 401(k) plans, IRAs, Keogh accounts, and the like. Think about how much money you will have in your own, personal dedicated retirement accounts when you turn 65.

A. What do you think is the percent chance (what are the chances out of 100) that you will have more than \$50,000 in your dedicated retirement accounts when you turn 65?

%

B. What do you think is the percent chance (what are the chances out of 100) that you will have more than \$100,000 in your dedicated retirement accounts when you turn 65?

%

C. What do you think is the percent chance (what are the chances out of 100) that you will have more than \$200,000 in your dedicated retirement accounts when you turn 65?

%

177 **Thinking now about work in general and not just your present job:**

A. What do you think the chances are that you will be working full-time after you reach age 60? *Leave blank if you are already 60 years old.*

%

B. And what about the chances that you will be working full-time after you reach age 65?

%

C. And what about the chances that you will be working full-time after you reach age 70?

%

178 What do you think is the percent chance that you will live for at least 10 more years?

%

179 Are you less than 65 years old?

☐ Yes >> GO TO SECTION 16

☐ No

- 180 Assuming that you live for 10 more years, what do you think is the percent chance that your mental and physical health will allow you to be living independently at that time, that is, to live at home without help and to manage your own affairs?

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 %

- 181 Assuming again that you live for 10 more years, suppose that your mental and physical health allow you to be living independently at that time. What do you think the chances are that you would own a long-term care insurance policy at that point in time?

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 %

- 182 And what do you think the chances are that prior to that time you would have taken steps to "protect" some of your assets, perhaps via transfers to family, friends, and/or an irrevocable trust, so that these assets would not be counted in determining your eligibility for Medicaid benefits to pay for the cost of long-term care?

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 %

- 183 Please assume again that you live 10 more years and are able to live independently until then. However, suppose you have had significant deterioration in your mental and/or physical health such that you would require long-term care for at least one year from that point in time.

How would you most likely pay for the biggest part of the costs of the long-term care?

Choose only one.

- ☐ Long-term care insurance policy that you will have purchased
- ☐ Medicaid benefits
- ☐ Your own money-such as from savings, investments, and/or a deferred annuity
- ☐ Money from other members of your family
- ☐ Other, please specify:

--

OR

- ☐ I have no idea

- 184 Now please think about a typical person of your age and sex who lives for 10 more years.

What do you think the chances are that his/her mental and physical health will allow him/her to be living independently at that time, that is, to live at home without help and to manage his/her own affairs?

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 %

- 185 Think now about a typical person of your age and sex who lives for 10 more years and is able to live independently until that time. However, suppose this person has had significant deterioration in mental and/or physical health such that he/she requires long term care for the remainder of his/her lifetime.

A. What do you think is the percent chance that this person would live at least another 5 years with long-term care?

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 %

B. And what do you think the chances are that this person would live at least another 10 years with long-term care?

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 %

Section 16: Conclusion

A very important part of our research is learning about participants' retirement plans. In addition to asking you the earlier questions about your plans, we are interested in reviewing copies of documents that describe the retirement plan(s), such as the "Summary Plan Description" describing the details of the retirement plan, recent retirement account statements that list the amount of money you have in each of your investments, and disclosures of fees or compensation arrangements with financial services providers.

If we were to ask you for any documents, we would assure you that all of your information will be kept strictly private to the extent allowable by the law. Neither you nor your current or previous business, employer, or union would be identified in any reports based on our research, and your private information would not be shared with anyone outside the study. The information from the documents would be used for statistical purposes only and ultimately used to inform policy makers about how households make important decisions.

We know that it would take some time for you to obtain and send us the documents. We would gladly accept electronic documents or, perhaps, scanned copies of the original documents. If you were able to obtain electronic versions of the documents, then you could upload them at the survey web site. Otherwise, we would mail to you a self-addressed, postage-paid envelope to send back with the documents via a secure and trackable delivery service.

This type of information would be extremely valuable to our research, so we would credit your account with an additional bonus when we receive the documents. This reward for sending the documents would be made in addition to the reward that you will receive for answering the questions we have asked you today.

186 If we were to ask for them, which of the following statements would best describe your willingness to send us these documents related to your retirement plan(s) from your current or previous business, employer, or union? *Choose only one.*

- ☐ I would be willing to send the documents.
- ☐ I would be willing, if the financial reward were large enough.
- ☐ I would be willing, if it were not too much work.
- ☐ I would not be willing, because it would be too much work.
- ☐ I would not be willing, because I am concerned about privacy.
- ☐ I would not do it, because I do not have these documents.
- ☐ Other, please specify:

OR

- ☐ I have no dedicated retirement accounts.

Thank you for completing the survey. We greatly appreciate your time and effort. Your reward will be credited to your account soon after we receive this questionnaire. We will contact you again in a few weeks to ask you some more questions. Your participation is voluntary, and your decision to participate or not to participate will not affect you in any way. Your experiences and opinions will help us provide policy makers with valuable information, so we hope you will choose to participate again.

Thank you!