

# Notice of Long-Term Care Insurance Coverage

---

To: \_\_\_\_\_ From: \_\_\_\_\_

I am sending you this notice as someone in my life that is involved with and concerned about my wellbeing. I would like you to know that I have taken out an insurance policy that will provide for payment of expenses that I incur as a result of requiring any extended or long-term care in the event of illness, injury, or disability.

This policy pays for benefits that are beyond the coverage of any Health Insurance, HMO, or Medicare coverage that I am eligible for.

**I would like you to retain this notice in a safe place in the event that I become disabled and cannot notify the insurer of my disability and need for benefits.** The following information provides all the details related to this insurance policy:

Name of Insured: \_\_\_\_\_

- Insurance Company: \_\_\_\_\_
- Policy Series: \_\_\_\_\_
- Policy Number: \_\_\_\_\_
- Issue Date: \_\_\_\_\_
- Company Phone Number: \_\_\_\_\_

Policy Benefits:

- Daily/ Monthly Benefit Selected: \_\_\_\_\_
- Benefit Period or Maximum: \_\_\_\_\_
- Elimination Period / Deductible: \_\_\_\_\_
- Inflation Protection Option: \_\_\_\_\_
- Additional Riders: \_\_\_\_\_

Please be aware that a copy of this policy, which is in my possession, can be located in the following place:

Agent Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Contact Information: \_\_\_\_\_

X \_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date