

**Long-Term Care Insurance**

Company \_\_\_\_\_ Policy # \_\_\_\_\_

Annual Premium \$ \_\_\_\_\_

Owner's Name

\_\_\_\_\_

Beneficiary's Name

\_\_\_\_\_

Insurance Company

\_\_\_\_\_

\_\_\_\_\_ I do not have Long-Term care insurance but would like an illustration

\_\_\_\_\_ I am not interested

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

Client's Name \_\_\_\_\_

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

Client's Name \_\_\_\_\_