

## Appendix F

### Facts About Your Long-Term Care Insurance Policy

For use after you buy a long-term care policy. Complete this form and put it with your important papers. You may want to make a copy for a friend or a relative.

#### 1. Insurance Policy Date

Policy Number \_\_\_\_\_

Date Purchased \_\_\_\_\_

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

#### 2. Insurance Company Information

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

#### 3. Agent Information

Agent's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

#### 4. Type of Long-Term Care Policy

\_\_\_\_\_ Tax-qualified \_\_\_\_\_ MassHealth (Medicaid)

\_\_\_\_\_ Nursing home only \_\_\_\_\_ Home health care only

\_\_\_\_\_ Comprehensive (nursing home, assisted living, home and community care)

#### 5. How long is the waiting period before benefits begin? \_\_\_\_\_

#### 6. How do I file a claim? (Check all that apply)

\_\_\_\_\_ I need prior approval \_\_\_\_\_ Contact the company

\_\_\_\_\_ Fill out a claim form \_\_\_\_\_ Submit a plan of care

\_\_\_\_\_ Doctor notifies the company \_\_\_\_\_ Assessment by company

\_\_\_\_\_ Assessment by care manager

#### 7. How often do I pay premiums? \_\_\_ Annually \_\_\_ Semi-annually \_\_\_ Other

#### 8. The person to be notified if I forget to pay the premium: \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

#### 9. Are my premiums deducted from my bank account? \_\_\_ Yes \_\_\_ No

Name and address of my bank: \_\_\_\_\_

Bank account number: \_\_\_\_\_

#### 10. Where do I keep this long-term care policy? \_\_\_\_\_

Other information \_\_\_\_\_

#### 11. Friend or relative who knows where my policy is: \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_