

# Long Term Care Insurance Information Receipt

This is to certify that Advisor \_\_\_\_\_ provided me with information regarding long term health care expense planning and suggested that it might be appropriate for me to purchase some form of Long Term Care Insurance protection.

With regard to Long Term Care Insurance, it has been explained to me that:

- Waiting to purchase Long Term Care Insurance at an older age may require substantially more premium than it would today
- If my health should change, I may not be able to purchase the policy we discussed, at the premium we discussed.
- At some time in the future, I may become uninsurable and not be able to purchase Long Term Care Insurance

Typical costs of long-term care have been explained to me. I was told that costs of long-term care can be expensive and, that without some form of Long Term Care Insurance protection other sources of funds will be required should long-term care be required.

I have been told that the two main alternatives to insurance providing sources of funds to pay for long-term care are:

- Personal savings and investments
- Medicaid / Welfare, after personal assets are substantially exhausted

I have decided not to purchase Long Term Care Insurance at this time. This is my decision. I hold the Advisor harmless from any claim that may arise either indirectly or directly from this decision to not purchase Long Term Care Insurance.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Advisor