

LTC INSURANCE LIABILITY RELEASE

This is a consent form that you can make your own by printing on your company letterhead. This indemnification document is for you to use with clients that choose not to implement a long term care insurance policy you have recommended.

As an insurance agent, licensed to provide Long Term Care Insurance I have presented the reasons why I feel Long Term Care Insurance should be a part of your protection program. For your own reasons you have chosen not to include the Long Term Care Insurance plan presented to you in your protection planning. Should, at some future date, you need nursing home or in-home care, it is important that you and your family know that these benefits were properly discussed and offered as acknowledged below.

Date _____
Client _____
Address _____
City, State, Zip _____
Phone _____
Agent _____
LTC Plan Presented _____

I acknowledge that on the above date I was presented information about Long Term Care Insurance, including both nursing home care and at home care.

The following was explained to me:

- How Long Term Care benefits work.
- My cost for Long Term Care Insurance coverage as of xx/xx/20xx
- Why this coverage could be important to my future.
- The potential costs I could face by not having this coverage, now and in the future.
- OTHER _____

Even though I may want this coverage at a later date, I acknowledge that on the above date I am choosing NOT to protect myself and my family with Long Term Care Insurance. (List separate form for each person)

PRINTED NAME _____

SIGNATURE _____

AGENT NAME _____

SIGNATURE _____

Client will not sign

Acknowledgment AGENT SIGNATURE _____