

## LONG TERM CARE WORKSHEET

Once you have obtained more than one quote on a Long-Term Care insurance policy use this worksheet to compare policies. You can fill in the boxes while on the computer then print it, or you can first print the form then fill in the boxes with a pen or pencil. These policies can be quite complex, this form should simplify the process helping you understand the difference among the various policies.

### Policies

|  |   |   |
|--|---|---|
| Policy 1   | Company Name  | <input type="text"/>  |
|  | Policy Name   | <input type="text"/>  |
|  | <a href="#">A.M. Best Rating</a>                                    | <input type="text"/>  |
|  | <a href="#">Tax Qualified</a> (Yes/No)                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  | <a href="#">Risk Class</a> Preferred/Standard                       | <input type="text"/>  |
|  | <a href="#">Daily Benefit</a> Amount                                | <input type="text"/>  |
|  | <a href="#">Benefit Period</a> (1 to 10 years, lifetime)            | <input type="text"/>  |
|  | <a href="#">Elimination Period</a> , days (0, 30, 60, 90, 180, 360) | <input type="text"/>  |
|  | Elimination Period needs to be met only once (Yes/No)               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  | Policy 2  | Company Name  |
| Policy Name  |   | <input type="text"/>  |
| <a href="#">A.M. Best Rating</a>                         |   | <input type="text"/>  |
| <a href="#">Tax Qualified</a> (Yes/No)                   |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <a href="#">Risk Class</a> Preferred/Standard            |   | <input type="text"/>  |
| <a href="#">Daily Benefit</a> Amount                     |   | <input type="text"/>  |
| <a href="#">Benefit Period</a> (1 to 10 years, lifetime) |   | <input type="text"/>  |

|  |   |   |   |
|--|---|---|---|
|  | <u>Elimination Period</u> , days<br>(0, 30, 60, 90, 180, 360) | <input type="text"/>  |   |
|  | Elimination Period needs to<br>be met only once (Yes/No)      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
| Policy 3                                   | Company Name  | <input type="text"/>  |   |
|  | Policy Name   | <input type="text"/>  |   |
|  | <u>A.M. Best Rating</u>                                       | <input type="text"/>  |   |
|  | <u>Tax Qualified</u> (Yes/No)                                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
|  | <u>Risk Class</u> Preferred/Standard                          | <input type="text"/>  |   |
|  | <u>Daily Benefit</u> Amount                                   | <input type="text"/>  |   |
|  | <u>Benefit Period</u> (1 to 10 years,<br>lifetime)            | <input type="text"/>  |   |
|  | <u>Elimination Period</u> , days<br>(0, 30, 60, 90, 180, 360) | <input type="text"/>  |   |
|  | Elimination Period needs to<br>be met only once (Yes/No)      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
| <u>Benefit Eligibility</u>                 | Policy 1  | Policy 2  | Policy3   |
| _____ of 6 ADLs or cognitive<br>impairment | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| MD certifies disability (Yes/No)           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |