

Waiver of Long Term Care Insurance

I hereby acknowledge that _____ offered me an opportunity to purchase Long Term Care Insurance and I have declined to purchase such coverage.

I have been informed that:

- * The annual cost of nursing home care ranges from \$57,000 to over \$90,000.
- * Medicaid will pay for long term care only after I have impoverished myself.
- * Medicare will usually not cover long term care costs and then only for a limited time and with restrictions.

I understand that quality Long Term Care insurance is medically underwritten and significant changes in my medical condition may make such coverage unavailable to me if I wish to purchase it at a later date. I also understand that premiums for Long Term Care insurance are age-rated, meaning it may be more expensive to purchase comparable coverage at a later date.

For myself and on behalf of my family and estate I waive any claim or liability against _____ arising from my declining to purchase Long Term Care insurance.

Signed:

Please Print Name

Please Sign Name

Date

(LTC Waiver Form 081892)