

LONG TERM CARE INSURANCE SUITABILITY DISCLAIMER

Long Term Care Insurance is a highly recommended product which can help protect your assets, savings and retirement plan.

CLIENT NAME: _____

REPRESENTATIVE NAME: _____

DATE: _____

On this date, we discussed Long Term Care Insurance and how it can provide protection in the event of a long term sickness or accident that would require an extended stay in a nursing home or extended home health care.

At this time, I have made the decision **not** to purchase Long Term Care Insurance and I am fully aware that my assets are fully exposed and subject to liquidation. I also understand that Long Term Care Insurance is an underwritten plan of insurance and that a change in my health could impact my future eligibility for coverage.

Client Signature

Date

Representative Signature

Date