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# Long Term Care Insurance Checklist

Name:

## *About the contract:*

- Are you familiar with the general characteristics of the contract?
- Do you know your benefit amount(s), length of benefit, and elimination (waiting) period?
- Are you familiar with the additional features of the contract such as COLA, discounts and riders?
- Do you know when you become eligible for benefits?

## *About your situation:*

- Have you moved or changed any of your contact information?
- Are you up-to-date on long term care costs in your area?
- Has your income increased/decreased since the contract was written or reviewed?
- Have there been changes in our marital status that should be reflected in the contract?
- Have you changed employment and/or group coverage?
- Have you had any significant changes to your health?