

“This should be printed on your letterhead”

Long Term Care Insurance Disclaimer Form

My agent, [insert your name], has recommended that I/we, _____
_____, purchase long term care insurance because my/our
current insurance does not provide sufficient coverage against an extended
Long Term Care situation in a facility or at home.

I/we have decided not to purchase this insurance for the following reasons:

By signing this, I/we release my/our agent from any liability in regards to
my/our possible need for this coverage in the future.

Client

Date

Spouse

Date

Agent

Date