

Release of Liability Statement

The undersigned agrees that agent/representative/advisor,

_____, has provided information concerning financial risks of future long term care needs and the coverage that long term care insurance could provide including:

1. Government projections that most of us (70% of those attaining age 65) will need some type of long term care services including home health care, assisted living or nursing facility care.
2. This year the average cost of nursing facility care is \$_____ in our area, and assisted living and home health care could equal or surpass that cost depending on need.
3. Federal government has provided some incentives to individuals to consider purchase of long term care insurance including certain tax incentives and efforts to limit Medicaid eligibility.
4. Indiana State government has provided incentives to encourage purchase of long term care insurance including tax deduction of premiums and guaranteed asset protection with policies endorsed by the Indiana Long Term Care Insurance Program (the "Partnership").
5. I understand that an Indiana Partnership policy (1) does not cost more than a non-Partnership policy with the same company benefits, (2) provides choices/options not available in a non-Partnership policy, (3) will pay benefits in any state the same as a non-Partnership policy, (4) protects assets from Medicaid eligibility & estate recovery requirements and (5) includes case management for home & community care as an objective, supportive service.
6. There are basically two ways to pay for long term care: (1) personal income and assets/investments or (2) long term care insurance.

However, despite this information and advice, I/we choose to pay for our future LTC needs through our personal income and assets/investments and not protect this risk with long term care insurance.

Dated: _____
