

Release of Liability Statement
When NOT Purchasing an Indiana Partnership Policy

The undersigned agrees that agent/representative/advisor,

_____, has provided information concerning the Indiana Long Term Care Insurance Program (the “Partnership”) and the benefits, features and protections it provides including:

1. The primary reason for the creation of the Indiana Partnership Program was to create an incentive to encourage individuals to purchase long term care insurance to pay for their own future long term care needs.
2. The back-up security of asset protection, whether dollar-for-dollar or total asset protection, is a free benefit from the State of Indiana that I/we may choose to exercise if we apply to Medicaid in the future. I/we understand that the asset protection applies to Medicaid eligibility and to Medicaid estate recovery.
3. Partnership policy benefits will pay in any state. An insured could choose to return to Indiana or a state that has a reciprocal agreement with Indiana to use his/her asset protection. (Asset protection in any other state except Indiana would be on a dollar-for-dollar basis only.) Since the premiums paid would be the same for a Partnership policy and a non-Partnership policy with the same company benefits, I/we recognize that we would have additional options with a Partnership policy that would not be available in a non-Partnership policy.
4. An Indiana state income-tax deduction applies only to Partnership policies.
5. Deterrents exist in Indiana regulations making it more difficult for Partnership LTC policies to have premium increases.
6. Partnership-required case management for home & community care is designed to assist the insured in obtaining the appropriate LTC services so that he/she can maintain in the home or community as long as possible if that is desired.

However, despite this information and advice, I/we choose to purchase a non-Partnership long term care insurance policy.

_____ dated: _____