

# Voluntary Waiver of Long-Term Care Coverage

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Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Advisor Name: \_\_\_\_\_

This form is notice that the client hereby acknowledges that they were informed by their advisor about the availability of Long-Term Care (LTC) coverage. By way of signing this document, the client, hereby acknowledges that they have made the decision to waive their right to apply for LTC coverage at this time and decline the option to complete a LTC application.

The client also acknowledges that this is against the advice of their advisor and that by signing this document they are releasing any liability of the advisor by any and all parties who have or may have right to bring claim against any party with regard of the client's decision to voluntary decline the option to apply for LTC coverage.

It is understood that by declining the option to apply for LTC coverage, that the client will not receive a LTC benefit to assist with paying the cost for such care including, but not limited to, home health care, assisted living and/or nursing home care.

The client fully acknowledges that they have reviewed this document and understand the effect of declining Long-Term Care insurance.

The client understands that if they desire to apply for Long-Term Care Insurance at a later date, that the price, availability of product and options for coverage may change for a variety of reasons, including, but not limited to age, health and market conditions.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Client Name (Printed) : \_\_\_\_\_

Advisor / Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor / Witness Name (Printed): \_\_\_\_\_

**Advisor should retain this completed form in their records along with a copy of the recommended Long-Term Care illustration for a period no less than the life of the client.**